TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physicion TO FUNERAL DIRECTOR: After this certificate should be detoched for use os the buriol-transit with the State Dept. of Health and Mental Hygis

BP

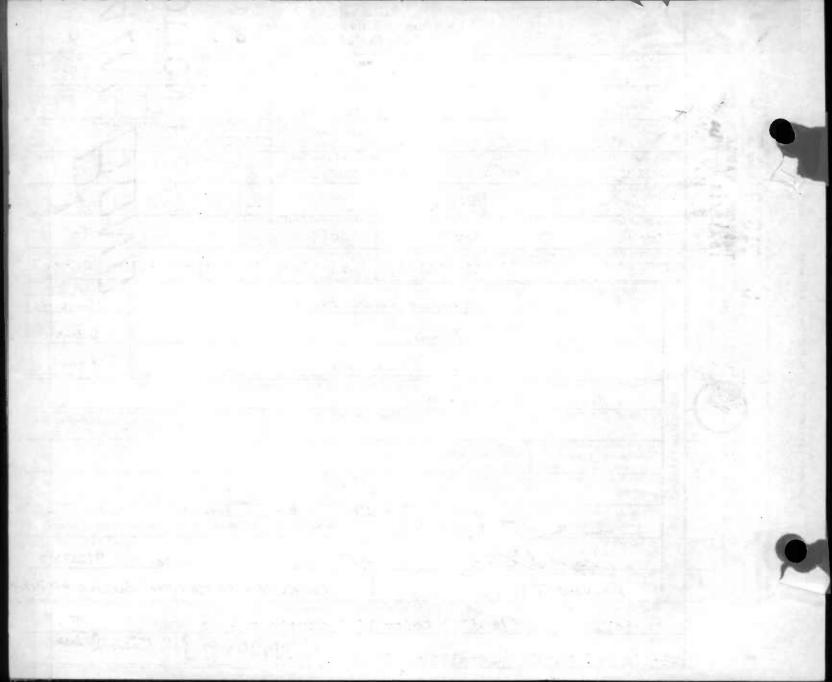
STATE OF MARYLAND

8	REG. NO.	1	7	ĺ	0	
			_	_		_

-1 -	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	17105
	CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
-4	MADGE	S.	TAYLOR	JUNE 25, 1	.987 4:18
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS A
	Female	Black	10 31 DAY 13	73	YRS.
76. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	2/2 8	BALTIMORE CITY OF CO	
) c	Md.	USA	MARRIED NEVER MARRIE		CITY
10 CF	TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION	126 KIND OF BUSINESS
	LTIMORE		HOPKINS HOSPIT	AL TYPE OF WORK FOR MOST OF WOR	RKING LIFE) INDUSTRY
13a. S	Md. 136 COUR	NOTHER INSTITUTION GIVE RESIDENCE BEAUTY OR TO BAITO.	OWN 13d. INSIDE CITY LIM YES X NO	1300 E. LA	
	ATHER'S NAME dward	Snowder Snowder	1 Louise	EN NAME MIDDLE	Curitiis
	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV 11 O	MED FORCES? 166. SOCIAL SE 2 1 6 3 0 6	CURITY NO. 17 INFORMANT Christi	ne Witherspoon	1210 Wildwoo
	18. CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b),	and (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUSE		iopulmonary Arres	t	10 minut
	Conditions, if any, which	DUE TO, OR AS A CONSECUTION OF			6days.
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	OUENCE OF		2 years.
CERTIFICATION	PART 2. OTHER SIGNIFICANT Renal 190 DATE OF OPERATION	cell (arciron	ODEATH BUT NOT RELATED TO THE. CH OPERATION WAS PERFORMED	200 AUTOPSY? 201). IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
E		The state of hillipy	121 HOW BURIEV	YES NO	YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f LOCATION	CITY OR TOWN	COUNTY STATI
	sow the deceased alive or	ital) attended the deceased from	997, and that in (my) (our) a	pinion death occurred on the date of	
	22b. SIGNATURE	Doc	DEGREE ATTENE PHYSIC	DING MEDICAL STAFF	220. DATE SIGNED 6 (25 (8)
	22d. PHYSICIAN'S NAME (TYPE	T Chura	220 ADDRESS JOH	No MORCINS HOSPI	THE BALTINOS MO
	BURIAL, CREMATION, REMOVAL	. 23b. DATE 2	30 NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	COUNTY STAT
(Burial	6/29/87	Cedar Hill Cem	netery Anne Ar	undel MD
-	UNERAL DIRECTOR			DATE REC'D BY REGISTRARY SE	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B (VRA 15, 4)

by the attending physician and assertences corban papers. Page 1, cremation, ar removal.



FOR STATE REGISTRAR oletely filled in by the funeral director. page 3 ad 2 should be filed within 72 hours after death

nding physician and carbonpapers, Page

t a

should be detached for use as the burial-transit permit. Then please remayed carbon papers.

In the State Dept of Health and Mental Hygiene prior to burials, cremarian, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the

fENDING PHYSICIAN: The low

TO HOSPIT, 'FEN

TO FUNERAL DIRECTOR: After this certificate has be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

16	REG. NO.	Position	7	ŝ	C	0
	JUNE 5, 1987	DAY		YEAR	26 HOU	
	6. AGE (IN YEARS LAST BIRTHDAY)	IF	UNDER	RIYEAR	IF UNDER	24 HRS
	40 YR		VIHS	DAY5	HOURS	MIN.
7	9. BALTIMORE CITY OR COU	NTY O	F DE	ATH		

		OR PRINT)					20. DATE OF DEATH	MONTH	AT TEAR	26 HOUR
		R. JOSEP	H		TAYI	LOR	JUNE 5.	987		11:20 pm
	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) I	FUNDER 1 YEAR	IF UNDER 24 HRS
		Male	Black	<	1 2		40/	YRS	ONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O		OF DEATH	
2		New York	USA	1	400	D NEVER MARRIED	,			
	10.01	ITY OR TOWN OF DEATH			WIDOWE		BALTIMORE			MD.
9	10 CI	IT OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND O	OF BUSINESS OR
S		BALTIMORE	MARYLA	ND GENERA	I HOS	SPTTAT.	N/A		INDUSTRI	
	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)					
		aryland 136. COU	NIY	Baltimo		130. INSIDE CITY LIMITS?	130 STREET ADDRESS	aul St	reet 2	21202
		THER'S NAME				15 MOTHER'S MAIDEN NA				
		narles	MIDDLE	Comer		Winnier	WIDDLE		LAS	
	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECUI		17. INFORMANT	ADDRE		Ga.	30349
ı	N'C	VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) [IF YES, GI	TE WAR OR DAIES	133-34-2	2615	Cherryl Tay	lor 125 01d	Mill	Ct. Co	llege Par
1		18 CAUSE OF DEATH (Enter o	alu ann sausa ans	line feetel the see	l car s				APPROXI	MATE INTERVAL
1		PART I. DEATH WAS CAUSI	ED BY:			1001			BETWEEN	ONSET AND DEATH
1		IMMEDIA	TE CAUSE (a)	HYPOVOLUM	ILC SE	OCK				
ł			DUE TO, O	R AS A CONSEQUE	NCE OF					
ı		Conditions, if ony, which	(b)_	ESOPHAGEA	L VAF	RICES RIFFDING	G			
1		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCEOE					
		underlying cause last.	DUE 10, O	K AS A CONSEQUE	INCE OF					
1		DART 2 OTHER SIGNIFICANT	CONDITIONS CO	ANT DIRLITING TO D	EATH BUT	NOT DELL'ES TO THE TEN				
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	DNI KIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 110	X1
4	15									
	CA	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
4	TIF						YES NOT	YES		NO I
9	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DE	A111	M. MONTH DA	Y YEAR					
1	2	(IF EITHER_NOTIFY MEDICAL EXAMINE			19					
i	MEDICAL	21d INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1	~	AT WORK NOT WHILE								
1		22a. certify that (IX(this hasp	ital) attended the	e deceased fram	June	3, 19 87	June 5	19	87	that (* (we) last
ı		sow the deceased alive ar abave, (K (we) (did) (a K)			7, on	nd that in (m🛪 (aur) apinian o	death accurred an the do	ite and haur c	and from the c	causes stated
ı		22b. SIGNATURE	A) view, the bady	atter death.		DEGREE				
١		15 /- /	14.4	Y	20 , 49	ATTENDING	MEDICAL _ STAF	E\ /	224 DATE	10 07
1		1307	11000	11	116	PHYSICIAN [DIRECTOR PHYSIC	IAD	June	0,1781
		22d. PHYSICIAN'S NAME (TYPE	or grown !	Q		22e ADDRESS		1	U	
		12046	The/AN	9 m	D -	c/o Maryland	General Ho	spi\tal		
1	23n R	URIAL CREMATION REMOVAL	22h DATE	22. N	AME OF C	EMETERY OR CREMATORY	Tare LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Cremation

Greenmount Cemetary

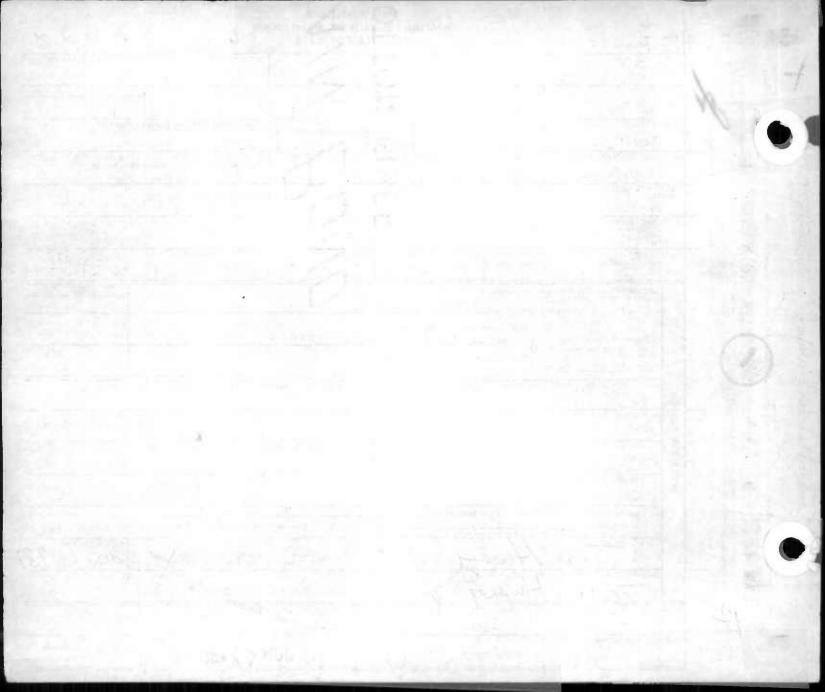
etary Baltimore Md.

136. DATE REC'D. BY REGISTRAR 256, REGISTRAP'S SIGNATURE

JUN 1 2 1987

March F/H 1101 E

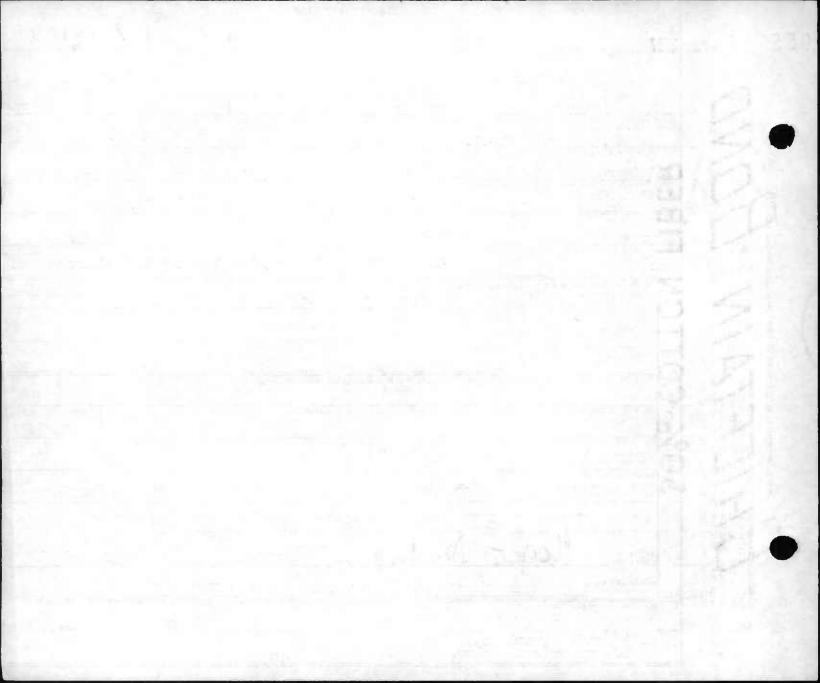
6/12/87



11 9	FOR		1 A.L.	DEPARTMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	ENE 8 7	0.	7107
	PE OR PR	ED NAME HARST	BR 14. RACE	S PLO 5. DATE OF	nda	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR 3:011 UNDER 1 YEAR 16 UNDER 24 HRS
7o. 1	BIRTHP		76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIED	S 8 9	BALTIMORE CITY C	YRS.	F DEATH
10.0	O VIII O	R TOWN OF DEATH	11. NAME OF HOSPITA	, GIVE STREET ADDRESS)		12g USUAL OCCUPAT (TYPE OF WORK FOR MOST C	ION OF WORKING LIFE)	12b. KIND OF BUSINESS O
130.	JAL RE STATE	SIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENTLY ODMICO COMICO	, ,	34. INSIDECITY LIMITS? YES NO	POSTREET ADDRESS	BOX 5	68 2183
0		R'S NAME FIRST	MIDDLE	LAST	5 MOTHER'S MAIDEN NAM	MIDDLE	T	edday
160	(YES, NO		IVE WAR OR DATES)		17 INFORMANT	ADDR		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Co	CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA inditions, if ony, which we rise to immediate use (a), stating the derlying cause lost.	DUE TO, OR AS A C	consequence of	e fet	US		13 mig
NOI	PAR	IT 2 OTHER SIGNIFICANT		ITING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON		
CERTIFICATION	L	DATE OF OPERATION		OR WHICH OPERATION		YES NO NO	THE CERTIFY IN	
		ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI	110110 4 44 446	ONTH DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	PRY IN ITEM 18 PART	1 OR PART 2)
DICAL	{ 15	EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19 IRY	ZII LOCATION	- 37		
MEDICAL	21d WH	ETHER NOTIFY MEDICAL EXAMINI INJURY OCCURRED THE NOT WHITE THE NOTIFY HAD THE NO	P,M. 210. PLACE OF INJU (AT HOME, STREET, FACTO	Sed from, and		city or to	67 3	COUNTY STATE , that (I) (we) lo nd from the couses stated
MEDICAL	21d WH 22s	ETHER NOTIFY MEDICAL EXAMINING INJURY OCCURRED HILE NOT WHILE NOT	P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTO	Sed from, and DE	that in (ny) (our) opinion of EGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the d	lote and hour o	! of P
	21d	PHYSICIAN'S NAME (TYPE	P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTO THE STREET FACTO OR PRINT)	ORY, OFFICE, FARM, ETC.) sed from, ond	that in (ny) (our) opinion of the control of the co	MEDICAL STA DIRECTOR PHYSIC	lote and hour o	that (I) (we) lond from the couses stated 22c. DATE SIGNED
230	27d 27d 27d 27d SURIA (SPECI	PHYSICIAN'S NAME (TYPE	P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTO THE STREET FACTO OR PRINT)	Sed from Of South De Concession of Concessio	that in (ny) (our) opinion of EGREE ATTENDING PHYSICIAN [22e ADDRESS IN COMMETTERY OR CREMATORY	MEDICAL STA DIRECTOR PHYSIC	lote and hour o	that (I) (we) lond from the couses stated 22c. DATE SIGNED SOUNTY STATE

& Localitica Stellar many in State State at MUL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH OREGISTRAR L' DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY DEAD MALE WHITE 29 1946 6-1-87 19 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City U.S.A. MD IO. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Baltimore 1530 Elrino Street Lineworker Gen. Motors WALL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 1530 Elrino St. 21224 Md. YES X NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph Thater Santa Reina 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 212-48-2439 Shirley Naish (Cousin) 3504 Richmond Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE OF CHIEF MEDICAL EXAMINER ALONG WE OF UNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. PREMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGIENE, BAYLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 4:00PM 6-1-870 SELF/INFLICTED 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, FTO 1530 Elrino Street Baltimore, Maryland WHILE NOT WHILE BEDROOM FRONT Autopsy X 22e I certify that I took charge of the remains described above, held an Inspection and in my opinion Undetermined manner Homicide _____ death resulted from Accident -atural causes TITLE (SPECIFY) ACTUAL 6 - 2 - 87Assistant EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 73r. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE 6/4/87 Oak Lawn Baltimore BURIAL Md. 07/84 3331 Brehms Lane, Balto. Md. 21213 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEO

	9 /	- 6	4			
	REG. I	NO.				
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	IR ,
	June 21,	1987			9	1
	6 AGE IN YEARS LAST B	(RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	64	YRS.	MONTHS:	DAYS	HOURS	MIN.
<u></u>	9 BALTIMORE CITY		Y OF DE	ATH		

REGISTRAR			CER	TIFICATE	OF DEATH	0 .	REG. NO).	, ,	
1. DECEASED NAME (TYPE OR PRINT)	Hattie	Ire		rry		20 DATE OF		1987	DAY YEAR	7 A
Femal		White		TE OF BIRTH	19 22	6 AGE INV		YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STA		U.S.A.	WIDO	OWED	EVER MARRIED DIVORCED	9 BALTIMO	RECITY OF			MD
Baltim			SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS OUNT LEOSO			TYPE OF WORL		WORKING LIF		of business or Home
ISUAL RESIDENCE (1	F NURSING HOME OR OTH		RESIDENCE BEFORE ADMISSI E. CITY OR TOWN Baltimore		SIDE CITY LIMITS?	13. STREET A	DDRESS /	zip code Leasa	nt Ave.	21224
14 FATHER'S NAME FRANK	Ĵa	mes	Shrader	15 MO	Hallie	ME	MIDDLE		Pinio	2
160 WAS DECEASED [YES, NO OR UNKNOW			215 - 34 - 78		ormant borah Robe	ert 391	7 Mt.		ant Ave	2. 21224
Conditions, if	ITH WAS CAUSED B IMMEDIATE C any, which immediate	AUSE (a) DUE TO, OR A	AS A CONSEQUENCE O	- CAL	s/benei:	eneli'			MM	CONSET AND DEATH
PART 2 OTHER 19a DATE OF O 21a. ACCIDENT W		NDITIONS <u>CO</u> N	TRIBUTING TO DEATH			200 AUTO	_	206. IF YES	/EN IN PART 1: S, WERE FINDI EYING CAUSES	NGS USED
OR CONTRIBUTION	AS UNDERLYING CONTROL CAUSE OF DEATH OF MEDICAL EXAMINER)	21b. TIME OF I HOUR A.M. P.M.	MONTH DAY YE	21c Ho	OW INJURY OCCUR	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18 F	PART OR PART 2}	
4# EITHER NOTH 21d INJURY OC WHILE AT WORK	CURRED	21e PLACE OF	INJURY T, FACTORY, OFFICE FARM, ETC		OCATION STREET		CITY OR TO	wN	COUNTY	STATE
saw the de	eceased alive on we) (did) (did nat) v	1/2	1 19 67	ond that i	n (my) (oyr) apınian	death occurre	d on the do	ite and hou	,	that (I (ye) last causes stated
22b. SIGNATUR	the well			DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAF		27c, DATE	SIGNED
	V'S NAME (TYPE OR PR	RIST RUST	e W	22e A	DDRESS 1470	4 W L	× /1,-	RI	Ny Nu	1,114

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumotic event, the etoined by the hospital or

completely filled in by the funeral director, page 3 in ond 2 shauld be filed within 72 hours after death

medical exc

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR Charles S. Zeifer & Son Inc. 901 S. Conkling St

236 DATE 6-24-87 23c. NAME OF CEMETERY OR CREMATORY

NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

258 DAJE REGIO AY BEGISTRARISSE REGISTRARISSE REGI

Total Service Married \ \ \ 1.0.1 and the formation that year the size that the terms of the PENT ON CORPUS TANK 200 ASTALL AND RESERVED TO THE RESERVED THE RESERVED TO THE RESERV Markey . What Sandan . I waste .

requires that the

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

KEO. ITO.	8	REG. NO.	ł	7	i	0	
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1.	STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. NO).	/ 1 1	U B
	CEASED NAME FIRST	MIDE	NE .	LAST	2a. DATE OF DEATH	MONTH DA	AY YEAR 2b.	HOUR 🐇
(1177	ELS1	E	1	EETSEL	0	6 0	787	100 PM
3. SE	X	4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS
9	FEMALE	WHITE	1 10	NTH DAY YEAR	80	YRS	ONTHS DAYS HO	DURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH	
	PENNA.	U.S.A.		WED DIVORCED	Baltima	ve C	ity	MD.
10.5	TY OR TOWN OF DEATH		SPITAL, NURSING HOM CILITY, GIVESTREET ADDRESS) - Marylan	d Hospital	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	WORKING LIFE)	12b KIND OF BU INDUSTRY	USINESS OR
13a. S	AL RESIDENCE (IF NURSING III OF STATE MD		ERESIDENCE BEFORE ADMISSIO COLUMBIA	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	Apt210	21044
IA FA	ATHER'S NAME	WIDOIE	LAST	15 MOTHER'S MAIDEN NA	ME		LAST	
	ADOLPH		RUNNER	HULDA	Model		WOLRAU	B
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 168	SOCIAL SECURITY NO		ADDRE			0715
1	NO	VE WAR OR DATES	168-50-670	LYNDA BAINE	4811 Restor	1 Lane	, Bowie	Md.
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS	S A CONSEQUENCE OF	mal Hemers	Maye	DITION GIVE	N IN PART 110'	
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS ING CAUSES OF	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY YEA 1	i i	RED (ENTER NATURE OF INJUR	TIN ITEM IB PAR	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	6/3	COUNTY	STATE
	220.1 certify that Withis hosp sow the deceased alive or above, (1) (we) (did) (did we) 22b. SIGNATURE	Tiview the body off	er deot).	and that in (my) papinion DEGREE ATTENDING PHYSICIAN	death accurred an the da MEDICAL STAF DIRECTOR PHYSIC	F		
	22d PHYSICIAN'S NAME (TYPE OF		you mb	Univ of M	D Hope 22	San	een St	
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME O	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE

DHMH - 16 60M 7/B4

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or

After this certificate has been

TO FUNERAL DIRECTOR:

6/8/87 REMOVAL

GLENWOOD MEMORIAL

BROOMALL, MARPLE TOWNSHIP

JUN 1 2 1987 Julie Derden Russe

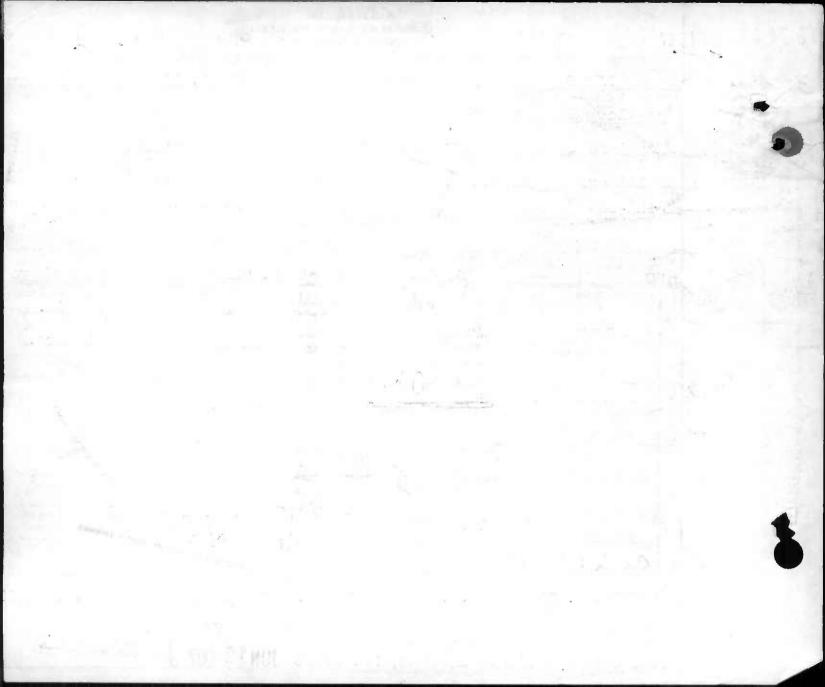
(VRA 15, 4)

FOR

24 FUNEAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213

66 9737 156

25 JUN 1	17	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7	17	1	11
•		CEASED NAME	FIRST	A	MIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
ge 3 leath	(,,,,,	AGNE	S	E		THAW	LEY	JUNE 9,	1987		11:200
r. po	3. SE	(4	RACE		5. DATE (DAY YEAR	6 AGE IN YEARS LAST	MC	FUNDER I YEAR	HOURS MIN.
ecto urs of	I	Temale		Cauca	sian	May	17,1897		O YRS		
Po Spide		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTS	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
2		Maryland		USA		WIDOW	DIVORCED [Baltimo			MD.
Affect	10 CI	TY OR TOWN OF DEAT	н 🔢		HOSPITAL, NUR HEACILITY, GIVE ST		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
500		Baltimore		Churc	h Hosp	ital_	<u>Corporation</u>	homemal	cer	-	
1	13a S	AL RESIDENCE (IF NURSIN	3b COUNT	THER INSTITUTION,	13c. CITY OR T		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			
- E-		Maryland		-	Balti	more	YES NO	2826 May	field	Ave,	21213
d 2 s	14 FA	THER'S NAME	M.I	DDIE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LA	ST
5(1)		<u>lerman</u> Lul					Barbara u	ınknown	RESS		
Poges	- {			VAR OR DATES)	166 SOCIAL SI						1
oval.		10				0-584	Francis P	. Thawley	, Son,		
aval.		18 CAUSE OF DEATH PART I. DEATH WA	Enter only	one couse per BY:	line for (o), (b)	ond (ct.)	ADV ADDUCE				NIMATE INTERVAL
eye :	-		MMEDIATE	CAUSE (6)	AKDIO	SOPMON	ARY ARREST			10	min.
iease remave carbanpap rial, cremation, ar removo ar ather traumatic eyent,				DUE TO, O	R AS A CONSE	QUENCE OF				1 ,	1 has
trau		Conditions, if ony, gove rise to imme		(b) L	EPSIS						4 hrs.
crem		couse (0), stating underlying couse		DUE TO, O	R AS A CONSE	QUENCE OF					
				(c)	DATE DIRECTOR	AK	NOT RELATED TO THE TER	AND ALDISEASE OR CO	NIDITION CIVE	ALINI DADT 1	
rabu njury.	z	DECUBITUS					B, HYPERTER			IN IN LAKE I	
prior i	CERTIFICATION	19a DATE OF OPERATI					IN WAS PERFORMED	30s AUTOPSY?	286. IF YES.	WERE FIND	NGS USED
ws o	E S	PAS PARTE EXPONENT		The second				YES NO	A Company of the Comp		S OF DEATH?
Mental Hygiene or Item 18 shaws	ER	21g. ACCIDENT WAS UNDE	ELTING [21% TIME O		1 - 1.2.3	21s. HOW INJURY OCCU			RT LONGHUTZI	
e as the burial-trar alth and Mental Hy marked or Item 18		ON CONTRIBUTING CO		HOUR A.	M. MONTH	DAY YEAR	1/1				
Mer Mer	MEDICAL	214. NJURY OCCURRE		21e. PLACE	OF INJURY	10	THE LOCATION	CITY DR	town	COUNTY	MATE
and	X	AT WORK AT WORK		1 AT HOME: 189	HET, PACTORY, OFF	de alemen	1			200000000000000000000000000000000000000	1,000,000
se as ealth mar		12s I cartifu that (1) (this beautite	l) attended th	e deceased fro	JUNE	8, 68/	OUNE	9,	9.87	that (1) (we) last
of H		saw the deceases above, (1) (we) (di	d alive on A	JUNE	2: 19	87	nd that in (my) (our) opinig	dotty ochurchy an the	date, and hour	and liggide	Ellauses stisted
ept.		22k SIGNATURE	attaid not	view the sucrey	otter deom.	100	DEGREE	MEDICAL NEW PHY	HONED BY MED	72c DATE	ESIGNED
detached for one Dept. of		Carol	S .	Ra	mc	(]	. ATTENDING	DIRECTION NO.	SICIAN X		
Store	1	22d. PHYSICIAN'S NA	ME (TYPE OR I	PRINT)		y	220 ADDRESS CHU	RCH HOSPI	TAL CO	RPORA	TION
TO FUNERAL DIRECthough by the Stote Dept. Myth the Stote Dept.		CAROL S	. RAI	MSEY,	D.O.	2		ROADWAY B.			I.D. 212
5 de x x	23e	BURIAL, CREMATION, R		23b DATE		3c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION			
		Burial		6/13	/87	Holv	Redeemer	Balto	, Md.	COUNTY	STATE
- 16 60M 7/B4		UNERAL DIRECTOR		-	3331 1			TE REC'D. BY REGISTR	ARIZM RECUESTA	SIGNA	PRE
WRA 15, 4)	S	CHIMUNEK	FUNE	RAL HO				UN 12 1987	gution of	mouse	-



		FOR	DEBADTI	STATE OF MARYLAND WENT OF HEALTH AND MENTAL HYG	NEME	10176	
11		STATE REGISTRAR	DEFARIT	CERTIFICATE OF DEATH	8 7 REG. NO	0. 17	1 1 2
		CEASED NAME FIRST	WIOOFE	homas	2a. DATE OF DEATH	6 6 8°	7 7 8 M
	3. SE.	Male 1	Black	5. DATE OF BIRTH MONTH DAY YEAR S 7	6 AGE (IN YEARS LAST BIR)	MONTHS	YEAR IF UNDER 24 HRS
3		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEAT	TH Y MD.
1	10. CI	Batto.	NAME OF HOSPITAL, NURSIN THE NOT IN SUCH FACILITY, GIVE STREET HOUNGS SOOT U	ADDRESS HED LIE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR STRY
5	13a. S	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNT)	HER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW		13e.STREET ADDRESS	ZIP CODE RO	Bath
0	14. FA	THER'S NAME FIRST CUNK.)	DDLE LAST	15. MOTHER'S MAIDEN NA.	ME MIDOLE	T	homas
2		VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W		RITY NO. 17 INFORMANT	ADDRE	SS	
	ATION	Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) SCULCE DUE TO, OR AS A CONSEQUE (c) SCULCE NOTITIONS CONTRIBUTING TO E LEAT LEMBER TO	e lung dista ence of inmaturity DEATH BUT NOT RELATED TO THE TERM and , renally	ailure	f	
2	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	OPERATION WAS PERFORMED	200 AUTOPSY? YES NOTE	20b. IF YES, WERE FI IN CERTIFYING CAI YES	USES OF DEATH?
9	MEDICAL CI	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART 1 OR PAR	IT 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	a tam	CITY OR TOV	WN COUNT	TY STATE
		22a I certify that (1) this hospital saw the deceased alive an abave (1) (we) (did) (did nat) v	1 1/		death accurred an the do	te and haur and fran	, that (h)(we) last in the causes stated
		176Cia 6	onella	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F V	LEB7
1		22d PHYSICIAN'S NAME (TYPE OR PI	nella	1940 East	Ave FSK	Bath.	MDAIRE

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the shedical

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burnal-transit permit. Then please remave carb with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or r

y the tuneral director, page 3 gd within 72 hours ofter death

completely filled in by the funeral director

within 24 hours often

uted

ote be

requires that the death

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

BP.

retained by the hospital or attending physician

24. FUNERAL DIRECTOR State Anatomy Board

236. DATE

6-11-87

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Remova1

Balto., Md.

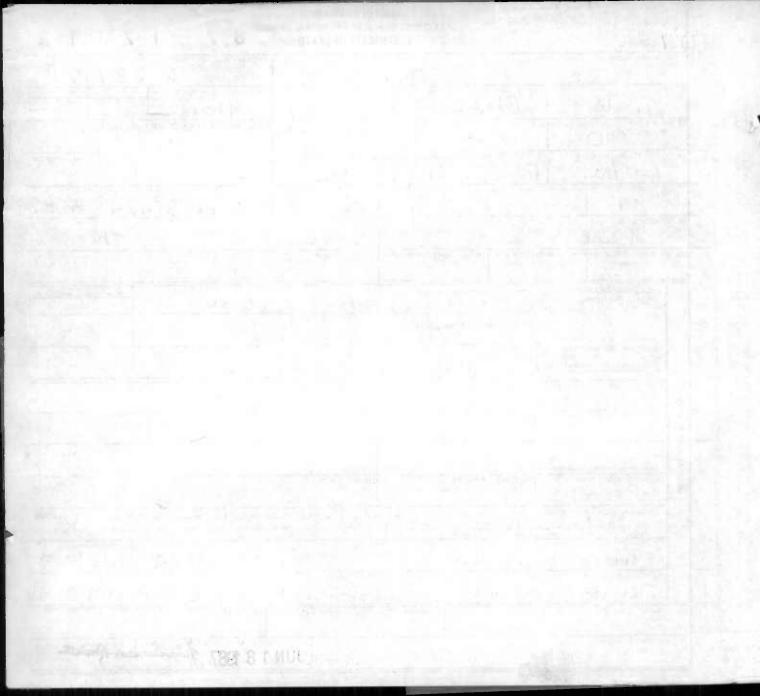
23c NAME OF CEMETERY OR CREMATORY

JUN 1 8 1987 June Landon - Ru

23d LOCATION

STATE

COUNTY



- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

1. DECEASED NAME

3025 Piedmont Avenue, Baltimore. Thomas Maryland 2821 Parkwood Ave. Balto. 30 Mir 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN > CITY OR TOWN (SPECIEY) 6/24/1987 Garrison Forest Vet Burial Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 NOTE TERREFORNERAL HOMES, INC. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR D

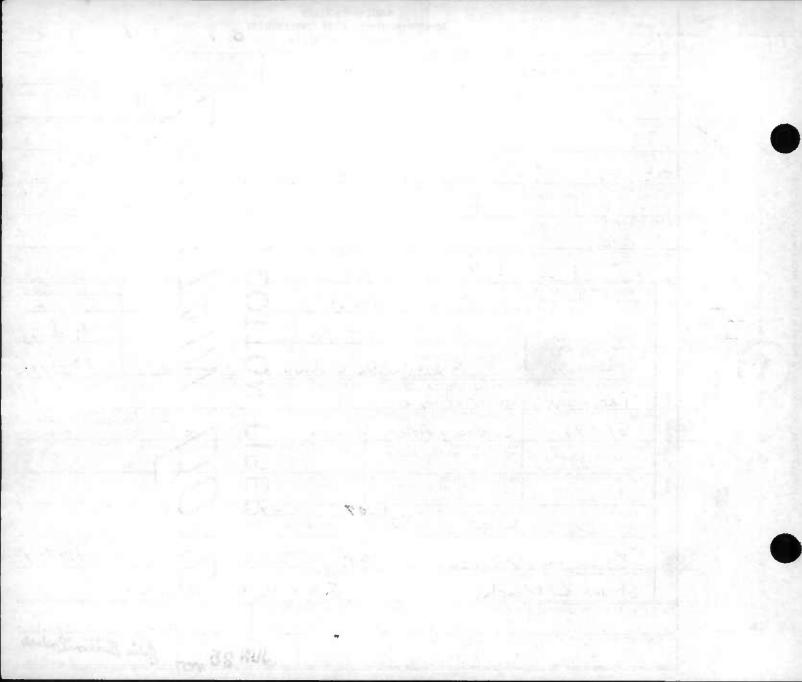
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INDUSTRIES OR

Steel Company

IF UNDER I YEAR

20. DATE OF DEATH



STATE OF MARYLAND

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EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	

ICINE	8	REG	. NO.		1			4
20 D	ATE OF	DEATH	HIMOM H		DAY	YEAR	2b. HOL	IR,
			6	4	4	87	10	AM
6. AG	E (IN YE	ARS LAS	T BIRTHDAY)	\neg	IF UNDI	RIYEAR	IF UNDER	24 HRS
	7	4	Z YF	≀S.	MONTHS	DAYS	HOURS	MIN.
9 BA	LTIMOR	E CIT	Y OR COU	NT	Y OF DE	HTA		

4. RACE 3. SEX 5 DATE OF BIRTH 76 CITIZEN OF WHAT (STATE OR FOREIGN

MARRIED NEVER MARRIED WIDOWED DIVORCED

13d. INSIDE CITY LIMITS?

CMPATION 126 KIND OF BUSINESS OR

10. CITY OR TOWN OF DEATH

FOR - STATE REGISTRAR 1. DECEASED NAME

TYPE OR PRINT)

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Elmek

INDUSTRY MOST OF WORKING LIFE)

MD.

(IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 3a. STATE

LAST

NO 15 MOTHER'S MAIDEN NAME

WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NO ORUNKNOWN)

14. FATHER'S NAME

Om AS SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES)

BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

MIDDLE

MAIN CATLLAIDA

13e STREET ADDRESS

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

10

? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b
ALL BUILDING GGUIDDED	0.1

TIME OF INJURY OUR A.M. MONTH DAY YEAR

NO YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED NOT WHILE 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION

20a AUTOPSY?

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above (1) (1) (1) (and) (did not

CITY OR TOWN STREET

1	1	19 5 7	, to	15	19 5	that (I) tast
, and	that in (my)	opinion dea	th occurred on	the date and	hour and from the	couses stated

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

	22c. DATE SIGNED
	C/457
_	

NO [

STATE

YSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

DEGREE

CAMP MINTON RD! LINITHE

or FUNERAL I	228. WYSICIAN'S NAI
- 5 3 ≤	230 BURIAL, CREMATION, R

EMOVAL 236 DATE

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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CERTIFICATION

MEDICAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages leand 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STA	TE O	F MA	RYLA	ND

			144	411.00	24110		
EPARTMENT	OF I	HEAL	HT.	AND	MENTAL	HYGIENE	
CEI	TIT	CICI	TE	OF	DEATH		

REG NO	REG. NO.	1	7	4	-
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17	FOR STATE	DEPAR	RTMENT OF HEALTH AND MENT		7 1	7 ! !			
	REGISTRAR		CERTIFICATE OF DEAT	H	REG. NO				
1. DEC	EASED NAME FIRST	WIDDLE	LAST	2a DATE OF	DEATH MONTH	DAY YEAR 26 HOU			
(TYPE	OR PRINT)	-	Thamason	\	(2	3-87 9			
	Hr134	ma _	5 DATE OF BIRTH	4 AGE (BIVE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER			
3. SEX		4. RACE	MONTH DAY	YEAR		MONTHS DAYS HOURS			
	F	(a)	7-06-10	104	YRS YRS				
	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARR	9 BALTIMOR	ECITY OR COUNT	OFDEATH			
,	OUNTRY) RIA	PK - 19	WIDOWED DIVORG		1 450 al	timore.			
10. CI	TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUT	ION 12a USUAVO	CCUPATION	12b KIND OF BUSINE			
P	Baltimore	STENOT IN SUCH FACILITY, GIVE STR	S HOSDIT	al (TYRE OF WORK	FOR MOST OF WORKING LI	INDUSTRY:			
U5UA 13a S			OWN 13d. INSIDE CITY LI	MITS? 13. STREET A	DDRESS ZIP GODI	EDERE A			
14 FA	THER'S NAME FIRST	MIDDLE Ilenda 1890	15. MOTHER'S MA	-	MIDDLE	212/5			
404	(UWAR-W	940.		ORA	703				
	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE			ADDRESS -	CLYNDHE			
(1)	PES, NO OK UNKNOWN) (IF TES. ON	215-22-	6762 JOHNA	115 TAC 11.	rogison) / \~~			
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b),	and (c).1			APPROXIMATE INTE			
	PART I. DEATH WAS CAUSE	DBY: CADXIC	24 AR	REST	Mi.				
	IMMEDIA	TE CAUSE (a)	, , , , , , , , , , , , , , , , , , , ,						
		DUE TO, OR AS A CONSEC	DUENCE OF			1/11/20 0			
- 77	Conditions, if ony, which		1 week						
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	- 1		1				
	underlying couse lost.	PANCRE	E META.	MASE	1 ruous				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GI	VEN IN PART 110			
Z									
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORME	D 20a AUTO		S, WERE FINDINGS USE			
FIC				VEC []	YES NON YES NON NON NON NON NON NON NON NON NON NO				
ET	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1217 HOW IN IUP	Y OCCURRED (ENTER NAT					
	OR CONTRIBUTING CAUSE OF DE			OCCORRED TENTER NAT	ORE OF 1430KT 144TEM TO	7 46 1 (76 7 56 7 2)			
S	(IF EITHER NOTIFY MEDICAL EXAMINE		19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		CITY OR TOWN	COUNTY			
Σ	WHILE NOT WHILE ALWORK ALWORK ALWORK								
	220.1 certify that (1) (this haspital) attended the deceased from 6 19 19 19 10 that (1) (we) look sow the deceased alive an 6 23 19 19 10 that in (my) (our) apinion death occurred on the date and hour and from the causes stated								
	abave, (I) (we) (did) (did no	ot) view the body ofter death.				22c. DATE SIGNED			
	22b. SIGNATURE	1- 1,	DEGREE	NDING MEDICAL	STAFF	1 (12 -1 /-			
		Mulls			PHYSICIAN []	6/2/10			
	Muu								
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS			,			
	22d. PHYSICIAN'S NAME (TYPE	ACIVLIS	22e ADDRESS			,			

DHMH - 16 60M 7/84 (VRA 15, 4)

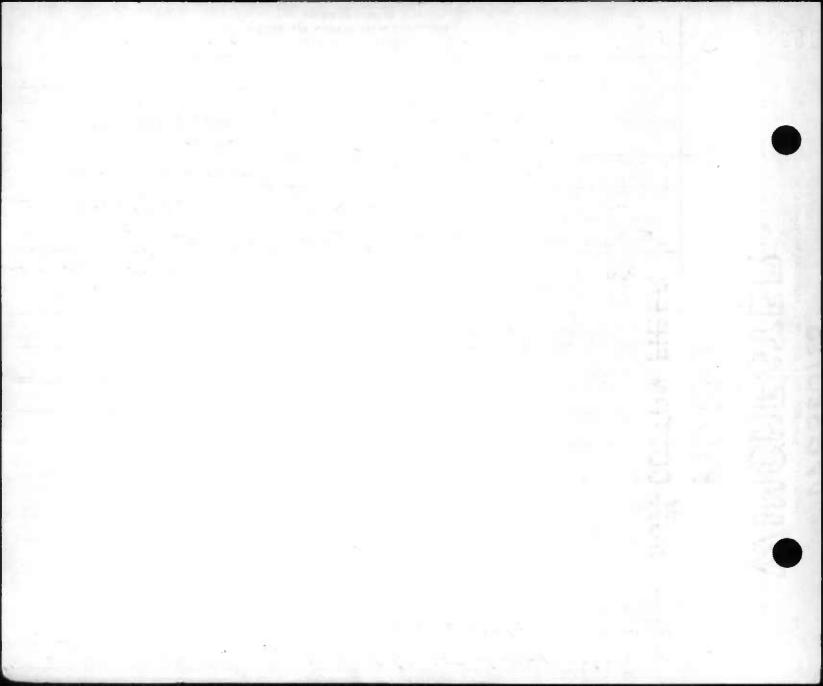
etained by the haspital ar attending physician.

BP.

24 FUNERAL DIRECTOR

Plant face Follows

BY REGISTRAR 256 REGISTRAR'S SIGNATURE Sa. DATE REC'D.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2009		
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July 8	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		1	1 0
		CEASED NAME FIRST Edith		Mae	Tho	mpson	6/22/87	ONTH DAY	YEAR	2b HOUR A
	3. SE	x F	4. RACE .B		5. DATE C		6. AGE (IN YEARS LAST BIRTHE	DAY) IF UN MONTH	NDER 1 YEAR	HOURS MIN.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF V	VHAT COUNTRY?	MARRIE.	D X NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR City	COUNTY OF	DEATH	ME
18	10. C	Balto.	(IF NOT IN SUCH	OSPITAL, NURSIN HEACILITY, GIVE STREET, Versity	ADDRESS)	pital	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V DOMESTIC	VORKING LIFE) IN	2b. KIND OF NDUSTRY I-10M	BUSINESS OR
33	130	ALRESIDENCE (IF NURSING HOME OF STATE 136 COLU Md.		Balto	N	13d. INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS / Arg	ircode 71e Av	re. 2	1217
exe W		ATHER'S NAME EIRST OTTO		NKS		PAUL IN	MIDDLE		SOM	
e medico	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			212 36	8499					
injury, ar ather traumafic event,	NO	PART 2 OTHER SIGNIFICANT (DUE TO, OR DUE TO, OR DUE TO, OR DUE TO, OR	KESPI BRAIN AS A CONSEQUE	2 CH	RY ARRES TASTASTS NOUTRELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN I	MIN	NATE INTERVAL INSET AND DEATH VUTCS VTHS
Oun	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED		206. IF YES, WEIN CERTIFYING	G CAUSES C	
marked ar Item 18 shows	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL. (IE EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	P.A 21e PLACE C	a. month da	19	211 LOCATION STREET	RED (ENTER MATURE OF INJURY I		OR PART 2)	STATE
MPORTANT: If Item 21 is man										
₹		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		PUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

TO FUNERAL DIRECTOR. After this certificate has been signed by the atten should be detached for use as the burial-transit permit. Then please remave c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

ATTENDING PHYSICIAN: The low

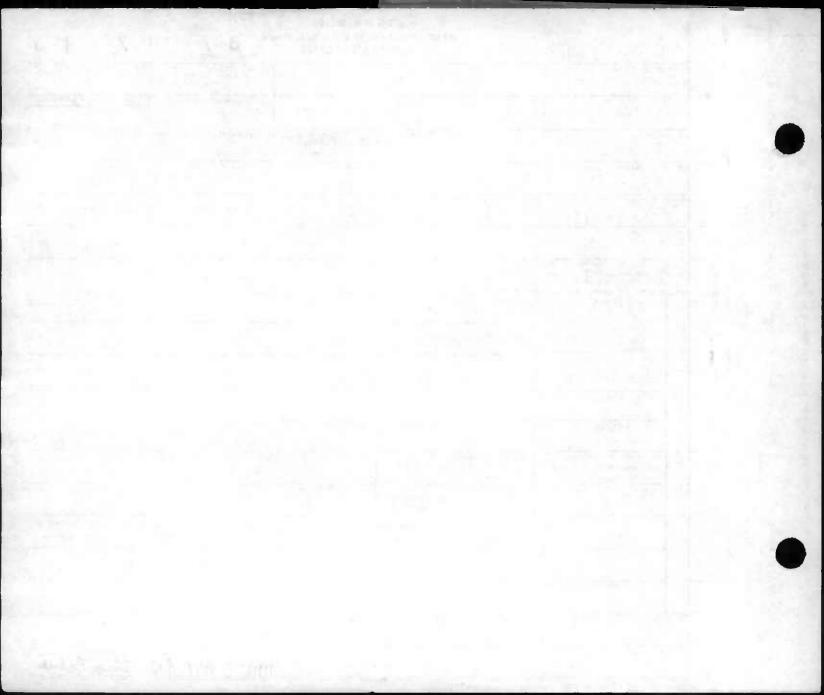
ctor, page 3 after death

Burial 24 FUNERAL DIRECTOR

Garrison Forest | Owings Mills, Md.

A. Morton & Sons 1701 Laurens St Jas.

Julia Dividen Radall



injury, ar ather traumatic

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL H
CERTIFICATE OF DEATH

YGIENE

	0	REG.	NO.		4	- 1
1	2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOUR
l			6	10	87	12

1	DECEASED NAME FIRST		MIDOLE	- L	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR
1	(TYPE OR PRINT) Mary		Ε.	Thomp	2500		1	10	87		7 0
-	SEX FIGURE	1. 2.05	E, .		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24						
1		4 RACE		5. DATE C	OAY YEAR		(HDAY)	MONTHS		HOURS	WIN:
L	Female	Whi	Lte	04	08 1894	93	YRS.				
170	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	TY OF DE	ATH		
1	Pennsylvania	บร		WIDOWE	DIVORCED		timor				MD.
1	Baltimore City	The Un	n facility, give street Lon Memor	rial F	or other institution Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIE		LIFE) 12b.	KIND O USTRY	F BUSINI	ESS OR
113	Sual residence (if Nursing Home of 30. STATE 13b. COU Maryland		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Baltimo	/N	13d Inside City Limits? Yes 🔼 no 🗌	13. STREET ADDRESS 311 Wyman	zıp cor Park	DE C Dri	ve	212	11
14	I. FATHER'S NAME	1.1			15. MOTHER'S MAIDEN NA						
1	Robert	WIDOLE	Bowser		Jennie	M. MIDDLE		Cumm			
16	60 WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS El	llico	tt (City	
П	(YES, NO OR UNKNOWN) (IF YES, GI		212-50-	3716	Herbert K. 7	Thompson 22	18 Mt	t. Hebron Dr.			
F	18 CAUSE OF DEATH (Enter o	nly one cruse per	line for (a) (b) no	dicii		210			_		
1	PART I. DEATH WAS CAUSED BY:								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES		
Т	IMMEDIA	TE CAUSE (D)	ואו און און	1	4/(3/			- ·			
	DUE TO, OR AS A CONSEQUENCE OF										
1	Conditions, if ony, which										
П	gove rise to immediate couse (a), stating the	gove rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF									
	underlying couse lost.										
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN E	PART 110	2	
		0	1	0159							
H	190 DATE OF OPERATION		TION FOR WHICH		N WAS PERFORMED	20g AUTOPSY?	20h IF Y	'ES, WERE	FINDIN	IGS LISE	D
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			0.2101110		IN CERTIFYING CAUSES OF DEATH?					TH?
-13	21g. ACCIDENT WAS UNDERLYING	71b. TIME C	E INTHIBY		11. HOW BLUIDY OCCUPE	YES X NO		YES 🗌		NO P	4
		110110 4	M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	(ED (ENTER NATURE OF INJU	RY IN ITEM 18	J PART I OR	PART 2}		
1	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19							
	OR CONTRIBUTING CAUSE OF DE CIF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	EARA ETC)	211 LOCATION STREET	CITY OR TO	JWN	cor	UNTY		STATE
	WHILE NOT WHILE	(ATTIONE, SIT	REEL, PACIONI, OFFICE, P	ARM, ETC)							
1	220.1 certify that (1) Whis hosp	ital) attended th	e deceased from_	Comp	19 83	to	110	19	87	that (II)	we) lost
Н	saw the deceased alive or	6110	19	8601	nd that is (my) our) opinion o	death occurred on the d	ote and hi	our and fi	om the		-,
Т	abaye, (I) (we) (did) (did n	ot) view the body	after death.	/)	DEGREE					SIGNED	
ı	aclan	VI ()	1amil	/	ATTENDING PHYSICIAN	MEDICAL STA	FF ~IAN \square		G	-10.8	-
	THE PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	1			0	, -	
	TET CHARD	LI) Aman D		3547 CI	pernet Are	,	Ball	+	212	IJ
2	3g BURIAL CREMATION REMOVAL				EMETERY OR CREMATORY	23d. LOCATION					
	(SPECIFY)Burial	6/13/8	7 No	ew Fre	eedom Cemetery	New Free	lom	COUN	Penr	sylv	ara

DHMH - 16 60M 7/84 (VRA 15, 4)

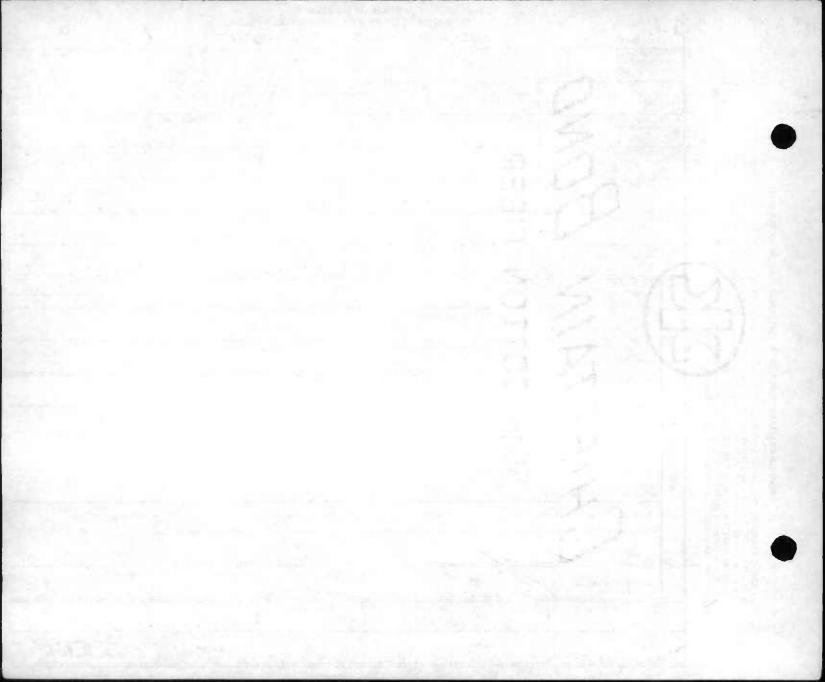
BP.

TO FUNERAL DIRECTOR:

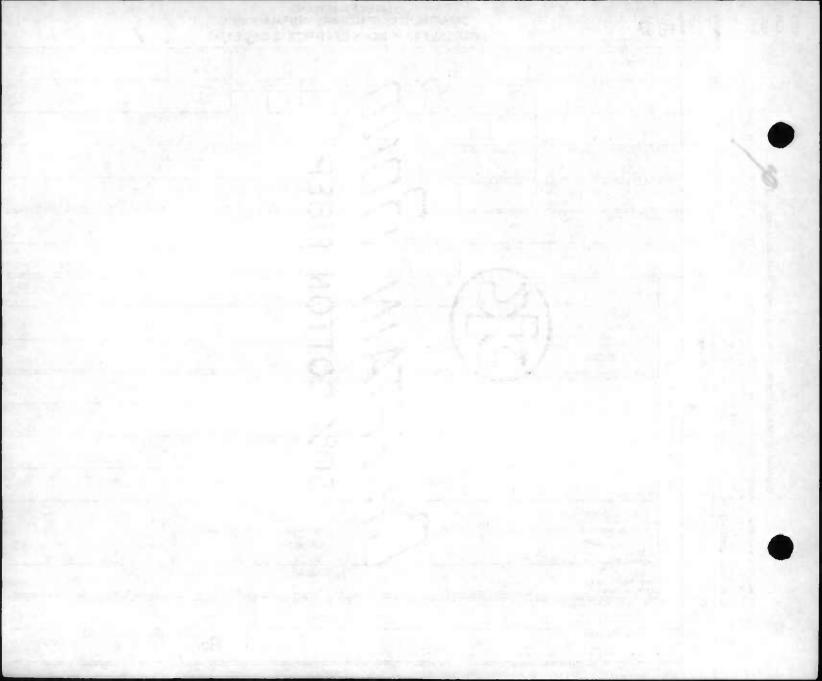
24. FUNERAL DIRECTOR A. Alan Seitz, Jr. 3818 Roland Ave. 21211 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Dividion Radall

THE STRUCK Statute Store



55687		FOR-	Di	STATE OF	MARYLAND	TYGIENE					
11001	UUIL	STATE		ICAL EXAMINER'S			RIG. NO	1 1	9		
		DECEASED NAME FIRST (TYPE OR PRINT)		WIDDIE	LAST	20 DATE 1	KNOWN . M	NONTH DAY	YEAR 25 HOU		
RS 88 8 F		Winni	e i	Ε.	Thompson	OF DEATH	ALATED [6 3 19	9 87		
PEA CTO TREE	3.	SEX 4. RACE	5. DATE OF BIRTH	& AGE (IN YEARS IF	UNDER TYR. IF UNDER		M	ONTH DAY	YEAR 2d HOU		
NRY, OUR		Female black		1900 86 YRS.	NIHS DAYS HOURS	MIN. PRONOUN DEAD		6 3 J	9:42		
ECESSA INERAL FOR Y WITHIN	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76. CITIZEN OF WHA	MAI	RRIED NEVER MARR	IED U	orecity or c imore C	OUNTY OF DE			
IV DELAYIS NECESSARY, PLEASE D 3-TO THE FUNERAL DIRECTOR. AIN PAGE 5-FOR YOUR FILES. LID BE FILED, WITHIN ZOORDS ORDS, 201 W. PRESTON STREET,	201	Baltimore	(IF NOT IN SUCH FACIL	ITAL, NURSING HOME, OR O LITY, GIVE STREET ADDRESS) Ellicott Drive	THER INSTITUTION	120 USUAL OCCUP FOR MOST OF WORK	ATION (TYPE OF V	WORK 126 KIND	D OF BUSINESS INDUSTRY		
STORY AND STORY	35 13	SUAL RESIDENCE (IF IN NURSING HOM STATE Md 136 COL	E OR OTHER INSTITUTION, GIVE INTY	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRES	ss 11icott	Drive	21216		
mi dona	A PROPERTY OF	Robert	MIDDLE	McClain	15. MOTHER'S MAID Edith	EN NAME MI	DDLE	Myat	st Ct		
BALTIMORE SS AFTER DEA GIVE PAGES VITH FORM, P PAGES I AN IVISION OF	1 10		RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
L. BALI URS AF WITH IT. PAG	1	NO 18 CAUSE OF DEATH (Enter of		N/A	Bristo B	urrougs	2921		Street ROXIMATE INTERVAL		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. 5 CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE.	AATION,	gave rise to immedia couse (a) stating the <u>underlying cause last</u> . PART 2 DTHER SIGNIFICANT CONDITION	Conditions, if ony, which gave rise to immediate couse (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART) (g).								
ULD WEEN WEEN WEEN WEEN WEEN WEEN WEEN WEE		190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196. CONDITIC	ON FOR WHICH OPERATION	WAS PERFORMED?			20 AU	TOPSY?		
SHOUL ORD "F CHIEF E USED T OF HI	B 4							YE	S NOX		
ON OF VI	OR TO BURIAL,			MONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF IN)U	JRY IN ITEM 18 PART	I OR PART 2)			
DIVISION OF VIT DIVISION OF VIT E, WRITING THE WOR WARDED TO THE CH PAGE 3 SHOULD BE STATE DEPARTMENT C	21201 PRI	UNDERLYING OR CONTRIBUTING CAUSE O CONTRIBUTING CAUSE CONTRIBUTING CONTRIBUTING CORRED WHILE AT WORK AT WORK	21e PLACE OF STREET, FACTOR		OCATION STREET	CITY OR TOW	/N	COUNTY	STATE		
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOUND BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE OR	IIMORE, MARYLAND, 2	22a. I certify that I took cha death resulted from: No. ACTUAL SIGNATUR EXAMINER'S NAME (TYPE OR PRINT)	tural causes X, A	ibed obove, held on Autocident , Suicide [Depsy , Inspection , Inspection , Inspection , Inspection , Inspection , M.D. ASSISTAT	Undetermined moi	nner .	DATE SIGNED 6/4	4/87		
FXEC FXEC FYEC FYEC FYEC FYEC FYEC FYEC FYEC FY	¥ 73	BURIAL CREMATION REMOVAL		23c, NAME OF CEMETERY		123d LOCATION	Darco				
07/B4 BP	15	Burial	6/8/87	Arbutus Mer		Arbutus		COUNTY	s Md		
25M DHMH - 17		FUNERAL DIRECTOR Vm. **** March F/H	West 4300	Wabash Avenue	250. DATE	THE STATE OF THE STRANGE TO STRAN	LE DE	AR'S SIGNATUR			



058274

and campietely filled in by the funeral director, page 3 ages 1 and 2 shauld be filed within 72 hours after death

must be notified or ance.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the medical exom TO FUNERAL DIRECTOR. After this certificote has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remave carbonpopers. Pages with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remayal.

executed within 24 hours ofter death. Page 4 may be

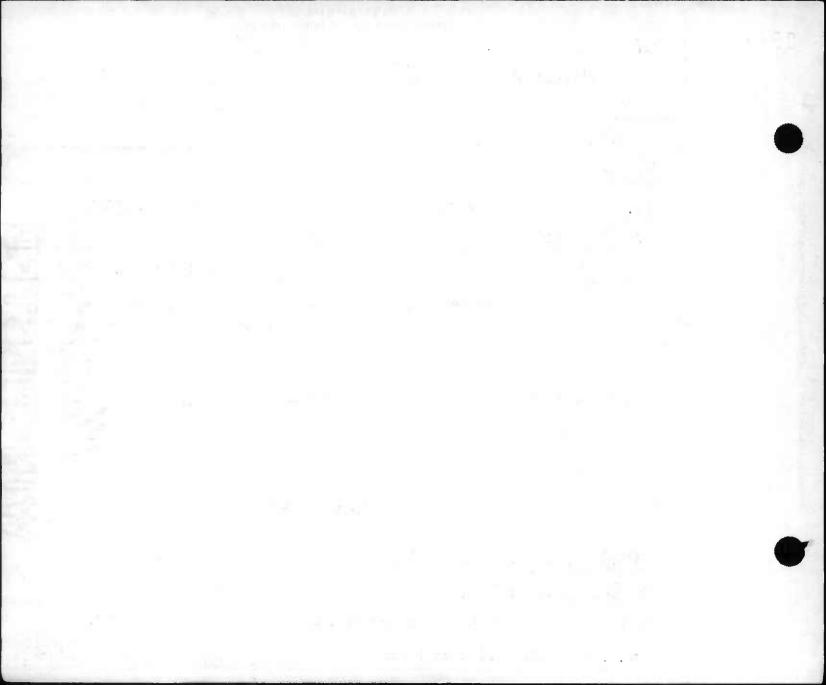
requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

- 1				STATI	OF MARYLAND					
	1 -	FOR STATE	DE		EALTH AND MENTAL HYG	SIENE B	17	120		
JU		REGISTRAR		1	ICATE OF DEATH	REG. NO		1 6 9		
		CEASED NAME FIRST WILL	AM TIDU	reprise	AST	26 DATE OF DEATH	6 23	25. HOUR 7 A M		
	3. SEX	M	RACE P	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) # CHIDER MORTHS	DAYS HOURS MAN		
X	7a. BIF	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COU	NTRY? 8	18 05	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH		
1		OUNTRY) US.	U.S.	MARRIE WIDOWE		ROH	0617	MD.		
0		Balto.	LIDERU	e Mindoressy	OR OTHER INSTITUTION	(Type of work for most of Retired	OF WORKING LIFE)	SIND OF BUSINESS OR		
7	USUA 13a. S	RESIDENCE (IF NURSING HOME OR OF TATE Md.		RTOWN	130 INSIDE CITY LIMITS?	13e STREET ADDRESS /		1215		
Van de	14. FA	THER'S NAME John Tid	well	NST	15. MOTHER'S MAIDEN NA E1Ta	Bowell		LAST		
1		AS DECEASED EVER IN U.S. ARM	ED FORCES? 16b SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS			
	(Y	ES, NO OR UNKNOWN) (IF YES GIVE	220-0	1-5817	Delores Tidw	ell 5410 P:	rice Ave.	21215		
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CASTROINTESTINAL BUSSING HUNDOTENSION DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate (b)								
		Couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
	Z	NACTAS-A	A C. COLINIA	II C CI	DOIN OWA	MINAL DISEASE OR CON	DITION GIVEN IN P.	AK1 110		
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES [FINDINGS USED AUSES OF DEATH? NO		
9	CAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P	'ART 2)		
1	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn cou	INTY STATE		
		22a 1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not	6/22	1987 0	nd that in (my) (our) opinion	death occurred on the d	ote and hour and fro	, that (It (we) lost om the couses stated		
		MBroch	nation	MD	DEGREE ATTENDING PHYSICIAN [MEDICAL STA □ DIRECTOR □ PHYSIC	FF 📞	6 23 87		
1		M BROCKU	GTON		Liberty R	redical (Center	•		
		urial, cremation, removal Burial	23b: DATE 6/27/87		s Mem. Park	23d LOCATION CITY AT BUIL				
B4	24 FL	neral director Chas.A.Rice FS	SPA 1300 Eutê	ow Place	250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S S.	. V		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



deoth. Poge

executed within 24 hours after

death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The

60	1-	FOR STATE -REGISTRAR	٥		DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENES / REG.	NO.	7 1	2
JUL 1	1. DE	OR PRINT	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26. HOUR
		l'ilghman.		-			25 2021	06-28-8		F. In Indian	8: N
1	3. SE		4.	RACE		5 DATE	DF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST		FUNDER 1 YEAR	HOURS MIN.
	-	ale		В			-17-26	61	YR5		
L		RTHPLACE (STATE OR F	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
V		ALTO, M		U.S.	Α.	WIDOW		Balto			MD
1	10 CI	TY OR TOWN OF DEA	ATH 11		HOSPITAL, NURS IN THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
0		Balto	5			pita	1		Servi		-
E	13a S	AL RESIDENCE (IF NURS ITATE MT)	13b COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFOR	/N	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS			1229
	-	THER'S NAME			Dalle)	15. MOTHER'S MAIDEN N		TTago	IL DL.	
9		FIRST		DDLE	LAST		FIRST	WIDDLE		LA	AST
	16n V	ELI TILI VAS DECEASED EVER	GHMAN	D FORCES?	166 SOCIAL SECT	IDITY NO	CAROLI 17 INFORMANT		MAN RESS		
1		(ES, NO OR UNKNOWN)	(IF YES, GIVE W		122			700	WE33		
event, the medica		YES	WWI	I	217-20	-0352	BARBARA	TILGHMAN	14 S.	ELLAN	
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED I IMMEDIATE)	BY: CAUSE (0)(Tine for (0), (b), are CAPDIO	RESP		ARNEST			XIMATÉ INTERVAI NONSET AND DÉATH
ry, or other traumant		Conditions, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	nediote ng the lost.	(b) DUE TO, O	MASSI RASA CONSEOU	VE ENCE OF	INFERIOR				10
-	ō										
4	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND YING CAUSE S	
morked or Item 18 show		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH			AY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCUR	HILE		OF INJURY REET FACTORY OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
51 12		220.1 certify that (1) saw the decease above, (1) (we) (c	ed alive on	JUNG	19_	87.	nd that in (my) (our) apinio	n death accurred on the	date and hou	19	that (It (we) last e causes stated
E = 1		226. SIGNATURE	J C	me	nde	m.	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN	220 DATE	JUNE 8
M CKIAN		OS CAR		MEN	DEZI	m.D	22e ADDRESS				
-	22- 0	HIDIAL CDELLATIONS	DELLONAL	DA TE	1 22.	MALLE OF	CELLETERY OR ORGALIANON	1224 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

CREMATION 6/29/87

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

STATE

24 FUNERAL DIRECTOR LEROY O.

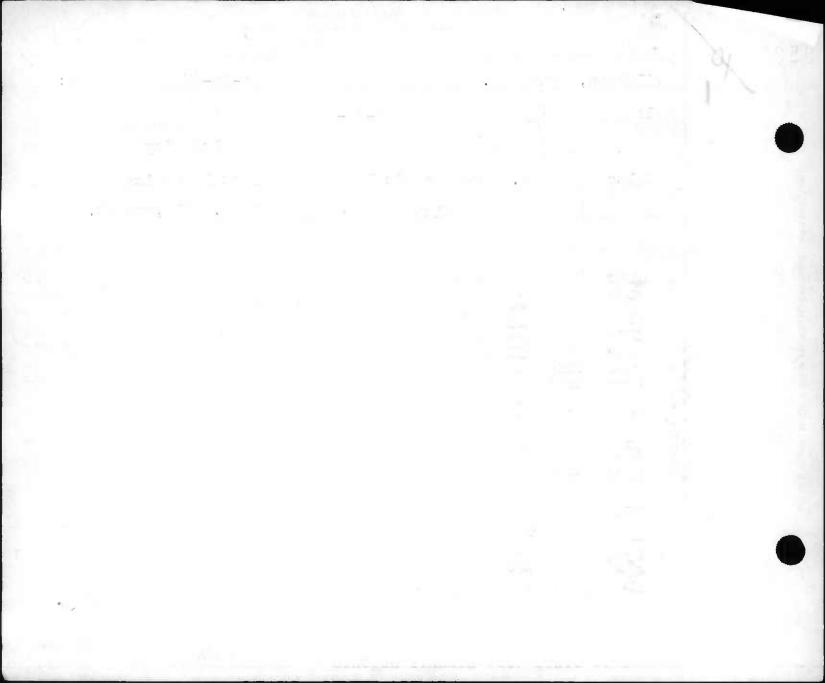
23a BURIAL, CREMATION, REMOVAL

ADDRESS DYETT 4600 LIBERTY HEIGHTS

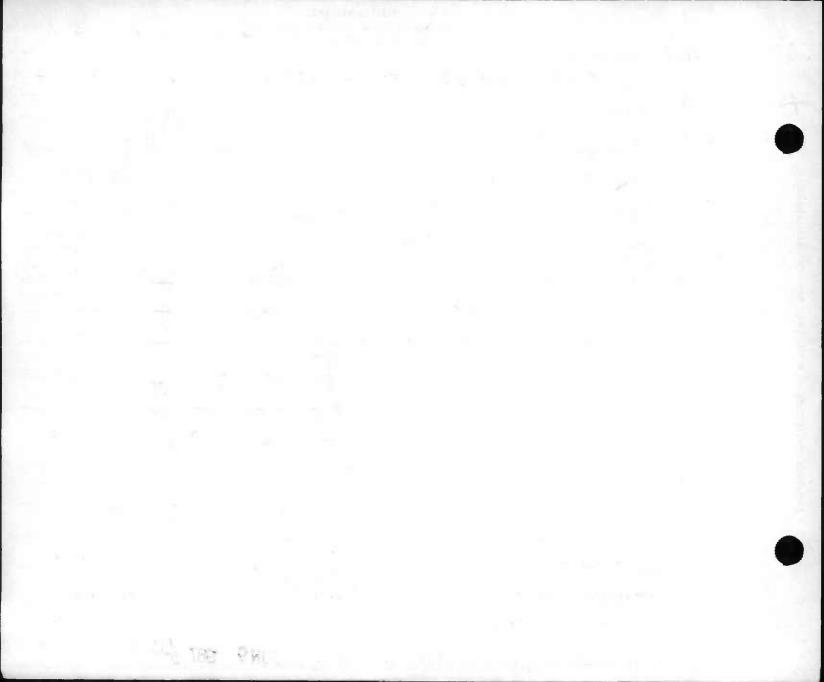
GARRISON FOREST OWINGS MILL, MD.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNALIRE

0 1 1987



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100	2 1 1111 11	97	STATE REGISTRAR				ICATE OF D	EATH	REG.		1 127	1
0 4	e ω €		CEASED NAME FIRST	,	MIDDLE	l.	AST	- 4 /	20 DATE OF DEATH	MONTH DAY	- 0-	HOUR
3.4	may be poge 3 er death	3. SEX	TA	AL.	FRED	5. DATE C	644)	4N	6. AGE (IN YEARS LAST	0	0	UNDER 24 HRS
4	off of	3. 3E	MALE	CALL	015.4	MONTH 10		02	84	MO		OURS MIN.
	Page direct hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	DV2 8	NEVER A		9 BALTIMORE CITY	OR COUNTY O	F DEATH	
	nerol na 72		aryland	U.S	.A.	WIDOWE		VORCED [Baltim	ore City	7	MD.
5	rs after death. by the funeral filed within 72)	TY OR TOWN OF DEATH Baltimore	(IF NOT IN SU	 Agnes 	Hospit		ITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Barber		126 KIND OF B INDUSTRY Barber	
212	within 24 hours	USU, 130. S	AL RESIDENCE (IF NURSING HO.	ME OR OTHER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE		
ANA	10 24 July 24		aryland	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Balti	more	YES X	NO _	4718 Amb	erley Av	venue 2	21229
ARY		14. FA	Llovd	MIDDLE	Tilg	hman		Jenny	MIDDLE		Lakefi	5 lai
E, A	ond forted age: 1	16a V	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIALS		17 INFORMA			DRESS	Darci	<u>.c.rd</u>
WOW	an ond 3. Page:	- 11	res, no or unknown) (if ye	S, GIVE WAR OR DATES)	216-0	9-8831	Anna	E. Til	ghman 4718	Amberle	ey Avenu	ae 2122
SALT	ficate b physicial papers. navol. ent, the		18. CAUSE OF DEATH (Ent	er only one couse pe	r line for (a), (b	, and (c)						TE INTERVAL SET AND DEATH
ST., I	ertificate ig physici son paper remavol. event, th		PART I. DEATH WAS CA	DIATE CAUSE (a)	Jepsij						2000	L.
NOL	deoth certificate offending physici ove corbonpaper tion, ar removol.				R AS A CONSE		200				2week	. 16
PRES	ne att emave matio r trau		Conditions, if any, which gove rise to immediate couse (a), stating the	e	Bilateral	presmou	(4)					
<u>×</u>	thot the day the ease re ol, creater of the ease re ol, creater re other restrictions and the ease restrictions are restricted and the ease restrictions and the ease restrictions are restricted and the ease restrictions and the ease restrictions are restricted and the ease restricted and		underlying couse los	t. DUE 10, C	R AS A CONSE	OUENCE OF						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	gned gned en pli buri	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ontributing	TO DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN	N IN PART TIO	
O.S.O.	been si rmit. The prior to ony inju	CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WE	TICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	S USED
L REC	w. w.s	FIC							YES NO	, IN CERTIFY	NG CAUSES OF	DEATH?
VITA	nysicio icote h ronsit Hygie 18 sho	EE CE	21a. ACCIDENT WAS UNDERLYIN	110110		DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IT		T 1 OR PART 2)	
90	PHYSICIAN: The ending physicic this certificate burial-transit ad Mental Hygish don't let 18 she don't let 18 she	₹	OR CONTRIBUTING CAUSE (MINER) P	.M.	19	10					
SION	ond M	MEDICAL	21d INJURY OCCURRED	LAT HOME ST	OF INJURY REET FACTORY, OF	FICE FARM, ETC.)	211 LOCATIO	N	CITY OF	NWOT	COUNTY	STATE
ΔI	TTENDING PHYSICIAN. pital or attending phys TOR: After this certification use as the burial-tron of Health and Mental Hy 21 is marked or Item 18		AT WORK - AT WORK		he deceased for	s 5/25	1	1087	to 6/09	10	87 the	ot (I) (we) lost
	Spital CTOR: Of Hear o		22a. I certify that (1) (this sow the deceased also above, (1) (we) (did) (d	e on / en	/ -	1987.01	nd that in (my)	/	death occurred on the			
	OR All DIREC Docked Dept.		22b. SIGNATURE	id not; view the bod	oner deam.		DEGREE			7.455	22c. DATE SIC	- make
	O HOSPITAL OR A' etonned by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.		MiNun					ATTENDING PHYSICIAN [MEDICAL S DIRECTOR PHY	SICIAN	6/091	01
	TO HOSPITAL (retained by the TO FUNERAL I should be detro with the Stote I IMPORTANT: If		22d. PHÝSICIAN'S NAME (_				ranot		00.5	0	6
	Who we have	230	MOULT AT	NASIR- DVAL 1236. DATE		23c. NAME OF C		CREMATORY	123d LOCATION	BAULA	1212, QC	<u> </u>
	BP		Burial	6/11/		Loudon			CITY OF TOWA	e	Ma:	ryländ
	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADDR	FSS	21229	25a DA	TE REC'D. BY REGISTR	AR 25 REGISTR	RESIGNATIR	dall
,	(VRA 15, 4)	H	ubbard Funera	al home, I	nc. 410	7 Wilke	ns Ave	. J	ung 1987	June 10	A1-20-6 - 40	

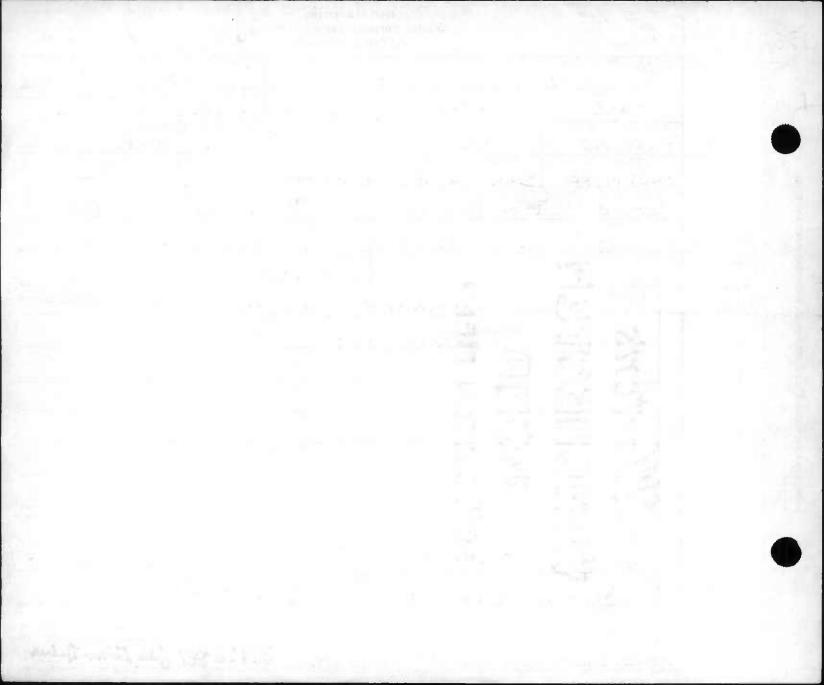


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	30	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENT	AL HYGIEI H		. NO.	7	1	2	3
1			MIC	DOLE	L	AST	2			DAY	YEAR	26. HOU	JR
П	(1YPE		Mat	thew	TIT	TIGER			JUNE	9	1987	151	OPM
ı	3. SEX	(5. DATE C	OF BIRTH		AGE (IN YEARS LAS	BIRTHDAY)		ER I YEAR	IF UNDER	24 HRS
	1	MALE	WHI	TE				4 HOUR	25	MONTHS	DAYS	HOURS	MIN.
1	7a. BI	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WI	HAT COUNTRY?	8		9	BALTIMORE CIT	Y OR COUN	ITY OF DI	EATH		
7			U	5	1			3A1-	TIMO	DF	(11	MD
2	-				IG HOME C		ON 12					F BUSIN	-
5	13a S	Maryland Balti	Υ 1:	3c. CITY OR TOW	N	YES NO	XO L	806 Seck	s/zipco	ode urt,	212	27	
2	14 FA		31001	IAST		15. MOTHER'S MAI	DEN NAME				241	. 7	
1		Edward			er	Kimbe	erly	Dawn					
7				66 SOCIAL SECU	RITY NO.	17 INFORMANT		AD	DRESS				
4	(V	NO (IF YES GIVE	WAR OR DATES)			Edward M	. Titt	iger, 80	6 Sec				
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per lin	ne for (o), (b), one	ATO	סט רג	000			-	BETWEEN	MATE INTE	RVAL DEATH
	2	IMMEDIATE	CAUSE (0)	ESPIT	-7410	KT FA	ILVIS			\rightarrow			
		Line The Control of t	DUE TO, OR	AS A CONSEQUE	NCE OF	DITU							
		gove rise to immediate	(b)	ICE VIII	+ 101	2117	-			_			
		couse (0), stoting the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	NCE OF								
			(c)	TO COLOUTING TO	DE ATH BUT	NOT BELLITED TO T	115 75044141	AL DISEASE OR S	OND TION	CIV(ENLIN)	D + D 1 1		===
	Z	FART 2 OTHER SIGNIFICANT CO	DINDITIONS <u>CON</u>	ALKIBUTING TO L	DEATH BUT	NOT RELATED TO	HE TERMIN	AL DISEASE OR C	JINDI ION (PIAEM IM	PARI III	В	
1	ATIC	19a DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. 1F	YES, WER	E FINDIN	NGS USE	D
7	IIFIC		1130					YES [] NO[CAUSES		
	CER	21a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY	OCCURRED				R PART 2)		
1													
	DIC	21d INJURY OCCURRED	1		19	21f LOCATION							
	WE	WHILE NOT WHILE I	(AT HOME STREE	T, FACTORY, OFFICE, F	ARM ETC)	STREET		CITY O	RTOWN	CC	YIAUC	5	STATE
		22a. certify that (1) (this hospita	ol) opended he	deceased from_		, 19)	, to		_, 19		that (I) {	we) lost
		ow the deceased alive on_	view the book of	ter death 19_	. 01	nd that in (my) (our)	opinion de	oth occurred on th	e date and h	nous and f	from the	couses st	oted
Н		226 SIGNATURE	le l	V		DEGREE				2.	2c DATE	SIGNED	
		20195mic) NGC	buss	eel						JUNF	E 9	-81
Maryland Baltimore Lansdowne Maryland Baltimore Lansdowne VES NOX 806 Seckel Court, 212 Maryland Maryland				SPI	TAL								
BEWARD BETTING CALLED TO PERFECT ON THE COUNTY OF COUNTY OF DEATH AND BRITHPLACE (STATE OR PORTION) TO BR													
	23a B	CACCIEVI.			NAME OF C	EMETERY OR CREM	ATORY		,				
	_ '	Burial	6/12/8	37 Me	adowr	idge Mem.	Park				-	Mar	yland
	24 FL			4000000		21229	25a DATE	REC'D-BY REGISTE				URE	
	Нι		lome, Inc	2., 4107	Wilk	ens Ave.	J	JN 17 18	37 Jul	in Du	ndur	· Kend	ALIE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



Lewis 217-22-6191-A Reynolds Tipton 3708 Lambson Road 21220 therosclevotic Coronary Vascular Disease 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE pinion death accurred on he date and have and from the causes stated DIRECTOR PHYSICIAN IMPORTANT: MERCY BALT. MD ANTHENELLI 230 NAME OF CEMETERY OR CREMATORY Baltimore Maryland Burial 6/6/87 Oak Lawn Cemetery 24 FUNERAL DIRECTOR Connelly Funeral Home 300MaceAve. 21221 (VRA 15, 4)

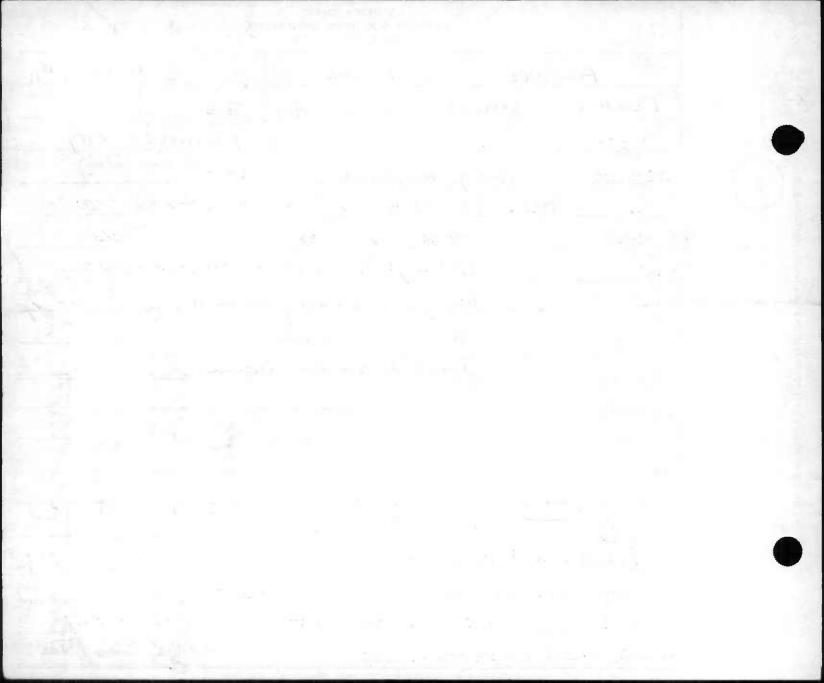
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

INDUSTRY

DHMH - 16 60M 7/84



requires that the death certificate be executed within 24 hours after death. Page 4

	T	AT	E	OF	M	ARY	LAND
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DEPARTMENT OF HEAL CERTIFICA

TH AND MENTAL HYC	SIENE 8	7 REG. N	٧٥.	7	ur) comp	2	20-40-8
	2a. DATE	OF DEATH	MONTH	, DAY	YEAR	2h H	OL

		REGISTRAR		CERTI	ICAIL OF D	LAIN	REG. NO.				
30		CEASED NAME FIRST	WIDDLE		LAST			DAY DAY	YEAR	2b. HOUR	
- 1	07	JOSE	PH BERN		TORN			6/24	187	122	AM
	3. SEX	N 1	4 RACE	5. DATE	OF BIRTH	YEAR .	6 AGE (IN YEARS LAST BIRTHD	MONTH	DER I YEAR	HOURS	MIN.
1	7	ale	WHITE	11	7	15	71	YRS			
-	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D TO NEVER M	APPIED T	9. BALTIMORE CITY OR	COUNTY OF	DEATH		
1		ew York	U.S.A.	WIDOW	46	ORCED	Baltimore	City			MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INST	TUTION	120 USUAL OCCUPATION		NDUSTRY	F BUSINES	SS OR
1		altimore	Good Samarita	n Hospi			(TYPE OF WORK FOR MOST OF W Millwrigh		teel		
G	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU		NWO	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS / Z 1800 Sherv		renue	212	239
E C	14 FA	THER'S NAME	MIOOLE Tornaben	e		MAIDEN NAM	WE	Casa	ale LAS		
4		VAS DECEASED EVER IN U.S. AF			17. INFORMAL		ADDRESS				
	No		214-05	-3809	Mrs.	Edith N	M. Tornabene	same	as 1	3e	
	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	QUENCE OF	1 -	TO THE TERMI	C 1	TION GIVEN IN		day	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	ON WAS PERFO	≀MED.		Ob. IF YES, WE IN CERTIFYING YES []			
1	EDICAL CER	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED	HOUR A.M. MONTH	19	216 HOW IN.		ED (ENTER NATURE OF INJURY I		OR PART 2)	ST	ATE
	2	WHILE NOT WHILE AT WORK	(Al Home, Sheet, Factori, Of				(10)	,	-		
		sow the deceased alive a	n 6 2 4	07/	and that in (my)	our) opinion d	death accurred on the date	ond hour onc	•	that (I) (w causes stat	1
		17% SIGNATURE	awi C		F		MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE	SIGNED	87
		RABI	TAWIL		560		ch Raven,	Baltin	nore	2 21	239
		BURIAL, CREMATION, REMOVAL SPECIFY) Urial	06/27/1987		s of Fa:		23d LOCATION CITY OF TOWN Baltimore	e, Mary	land	ST	ATE

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbon popers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician FOR

- STATE

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 26 1007 Dindorn Rudala

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FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

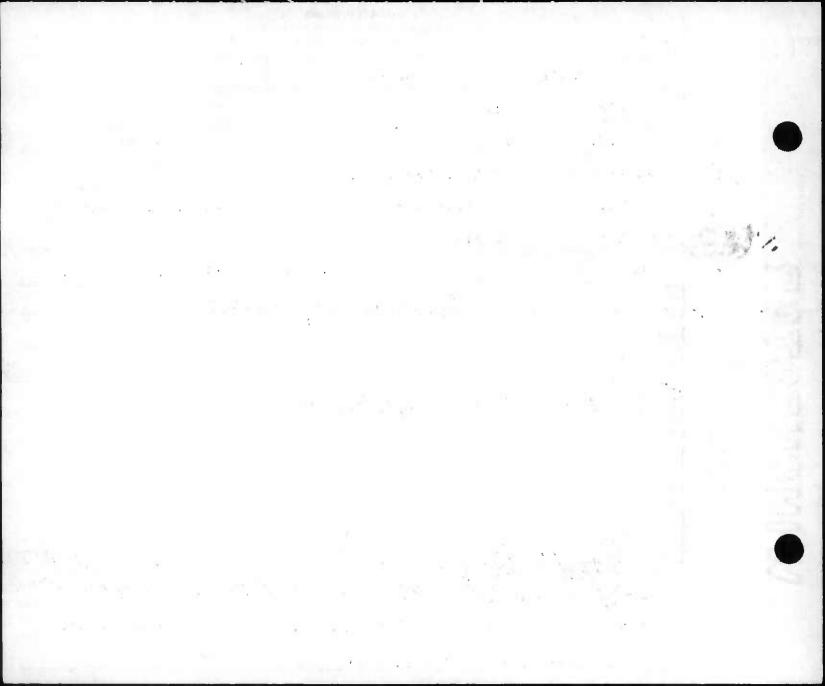
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5	/	- 1		1	Com	-
	REG. NO.					

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.				
I. DECEASED NAME			WIDDLE	L	AST	20 DATE OF DEATH		.3 87	26 HOUR		
	Peola		T	owne							
3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24					
Femal	e	Blac	k	модтн	f^ž 1 *0°	7 7 YRS					
70. BIRTHPLACE (5	TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH			
N.	C.	USA		WIDOWE		Baltim	ore	City			
O CITY OR TOWN Balti		11. NAME OF I	HEACILITY, GIVE STREET	G HOME C ADDRESS) rey	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST		126 KIND OF INDUSTRY	BUSINESS		
			GIVE RESIDENCE BEFORE		,			212	17		
STATE Md	13b COU	NTY	Baltim	ore	13d. INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS	ZIP CODE Car	ey Str	eet		
W FATHER'S NAME Will'i		MIDDLE Sm	all LAST		15 MOTHER'S MAIDEN NA	WIDDLE		LAST			
160 WAS DECEASE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR					
(YES, NOOR UNKNO	(IP TES, GI	TE WAR OR DAIES)			Stella Wa	Ward 1712 N. Carey St.					
18 CAUSE OF DEATH (Enter only one couse per line for sex, (b), and Icia											
				NOT BELLIED TO THE TERM	INIAL DISEASS OF COM	IDITION CIVI	ENLINI DADT 1				
	19 ti	Drillati	ion h	VACK	NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES	, WERE FINDING	OF DEATH?		
	OPERATION	Drillati	ITION FOR WHICH	VACK	YEAS/OA N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDING YING CAUSES (
CERTIFICATION 150 TO 100 TO 10	OPERATION WAS UNDERLYING [NG	196. COND	OT ITION FOR WHICH	OPERATIO AY YEAR	tension	200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDING YING CAUSES (OF DEATH?		
CERTIFICATION 150 TO 100 TO 10	WAS UNDERLYING [NG	196. COND 196. COND 216. TIME C HOUR A. R) P.	OF INJURY M. MONTH DA	PERATIO	YEAS/OA N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	206. IF YES IN CERTIF' YES	, WERE FINDING YING CAUSES (5]	DE DEATH?		
21a. ACCIDENT OR CONTRIBUTI (#ELIHER NO 21d INJURY C	OPERATION WAS UNDERLYING [NG [CAUSE OF DE LIFY MEDICAL EXAMINE DCCURRED	19b. COND 19b. COND 21b. TIME C HOUR A. R) 21c. PLACE	OT ITION FOR WHICH	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	206. IF YES IN CERTIF' YES	, WERE FINDING YING CAUSES (DE DEATH?		
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WE STHER NO 21d. ACCIDENT OR CONTRIBUT (IF EITHER NO 21d. INJURY (WHILE AT WORK 22d. I certify sow the DECKE I 22b. SIGN.	WAS UNDERLYING NG CAUSE OF DE LIFY MEDICAL EXAMINE DCCURRED NOT WHILE AT WORK AT WORK AT WORK A LOUIS HAVE I COLD IT THE	19b. COND 19b. TIME COND ATH OUR A. P. 21e PLACE (AT HOME ST	OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE F	OPERATION AY YEAR 19 ARM ETC) . OT	211 LOCATION SIREET 211 LOCATION SIREET 211 LOCATION SIREET 212 ATTENDING PHYSICIAN [222 ADDRESS 27 5	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF' YES	COUNTY	STAT		
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21a, ACCIDENT OR CONTRIBUTE (IF EITHER NO 21d INJURY CONTRIBUTE AT WORK 22a. I certify Sow the 12b. Sign 22d PHYSIC. 23a. BURIAL, CREM (SPECLES) BURIAL, CREM	WAS UNDERLYING WAS UNDERLYING NG CAUSE OF DE LIFY MEDICAL EXAMINE DCCURRED NOT WHILE AT WORN AT WORN AT ION, REMOVAL	19b. COND 19b. TIME COND ATH OUR A. P. 21e PLACE (AT HOME ST	OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE F offer death	OPERATION AY YEAR 19 ARM ETC) NAME OF C	211 LOCATION STREET 211 LOCATION STREET 212 ADDRESS 222 ADDRESS 222 S. EMETERY OR CREMATORY Mem. Pk.	200 AUTOPSY? YES NO	20b. IF YES IN CERTIFY YES JRY IN ITEM IS PA	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE		
WHILE AT COPENIES OF SOME THE STATE OF SOME THE	WAS UNDERLYING WAS UNDERLYING NG CAUSE OF DE LIFY MEDICAL EXAMINE DCCURRED NOT WHILE AT WORN AT WORN AT ION, REMOVAL	216. TIME COND 216. TIME COND 216. PLACE (AT HOME ST. 1101) ottended the conductivities the body 236. DATE 6/18	OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE F offer death	OPERATION AY YEAR 19 ARM ETC) NAME OF C	211 LOCATION SIREET 211 LOCATION SIREET 212 ADDRESS 222 - S EMETERY OR CREMATORY	200 AUTOPSY? YES NO	20b. IF YES IN CERTIFY YES JRY IN ITEM IS PA	COUNTY 19 11 and from the county ACCUPATES	STAIL		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical be detached for use as the burial-transit permit. Then please remove corbampop with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova



DHMH 16 60M 7/84

FOR

REGISTRAR

FIRST

LARUE

13b. COUNTY

York

MIDDLE

IMMEDIATE CAUSE (0)

4. RACE

White

Th CITIZEN OF WHAT COUNTRY?

1. DECEASED NAME

THE STATE

(TYPE OR PRINT)

STATE OF MARYLAND

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

THE JOHNS HOPKINS HOSPITAL

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Nov.

TROYER

MARRIED TNEVER MARRIED

YES X

17. INFORMANT

Thomas

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NA

21c. HOW INJURY OCCUR

211 LOCATION

22e. ADDRESS

and that (in (my) (our) apinion

ATTENDING PHYSICIAN

20

DEGREE

NO

Myrtle

1921

DIVORCED |

GRACE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

Hanover

Coppersmith

220-01-1315

19h, CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY YEAR

16h SOCIAL SECURITY NO

duancin

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

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		-			G. N		-							-	
	2a. [MON		DAY		YEAR		2b. HC	UR	1	P
1							19				1	_		0:	2 M
	6. AC	3E (IN YE.	65 65	AST BIR	THDAY	YRS.		JNDEI ITHS	DAY		HOURS		MIN.	_
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	MI DIF	DIC	AL OR [P	STA		X		22	CO-	TE S	IGNE	8	7	
1	105	H	05	יוכוני	ta	l	Re	A	hà	1/01	0.	M	0	21.	ĐS

Johns 23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Buriel

CITY OR TOWN Butler. Chapel

Baltimore Md

Meth. Eckhardt Funeral Chapel

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

Just 29

HOUR A.M.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S GIGNATURE

19 US

57679·Jun:	1 5	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG.		7 1 2	8
et moy be ctor. page 3 s after death	1. DE	PRINTI PRINTING	A. RACE	S DATE C	CKET OF BIRTH DAY YEAR A A YEAR A A YEAR A YEAR A	6 AGE LINYEARS LAST	6-20 BIRTHDAY)	2-87 20	18PM DER 24 HRS
the funeral dire		RTHPLACE (STATE ORFOREIGN COUNTRY)		MARRIE WIDOWE	OR OTHER INSTITUTION	9 BALTIMORE CITY 12a USUAL OCCUPA (TYPE OF WORK FOR MOS	ety TION!	12b. KIND OF BUSI	MD.
BALTIMORE, MARYLAND 21201 One be executed within 24 hours of spicion and completely filled in by the opers. Pages ond 2 should be filled vol. 11, the medical examiner must be not in the medical examiner.	13a.	THER'S NAME	OTHER INSTITUTION GIVE RESIDENTLY 13c. CITY	ENCE BEFORE ADMISSION) OR TOWN LAST	13d INSIDE CITY LIMITS? YES \(\rightarrow \) \(13e STREET ADDRES	ZIP CODE	2 John Andrews	7
aLTIMORE, MAR		VAS DECEASED EVER IN U.S. AR. (18 YES GIV	E WAR OR DATES) 217.		17 INFORMANT		RESS	APPROXIMATE IN BETWEEN ONSET A	JTERVAL
thur the death service the above the artering physics ending physics ending physics ending the artering physics ending the artering event.		PART I. DEATH WAS CAUSE	D BY: E CAUSE (o) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	minated CA	immune defice Retrovital in	ency fechon		6 mo 12 mo	
VITAL RECORDS, 20 Wilder law required systems been signed small persent. Then pl Hygiene prior to have B shows one miny, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF Thrombory	to penia	TING TO DEATH BUT		200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDINGS US ING CAUSES OF DE	ATH?
MISION OF VITA THENGING Physics The bund-train and Mental Hyg Led or hem 18 th	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 218. INJURY OCCURRED NOT WHILE NOT WHILE	TH HOUR A.M. MO	NTH DAY YEAR 19	211 LOCATION STREET	RED (ENTER NATURE OF IN		COUNTY	STATE
Dir ATTENDENT DirECTOR Atta DirECTOR Atta Cheef for use an Dept of Health.		22a certify that AT work 22a certify that AT (this haspi sow the deceased after an above, if (we) id all (did no 22b SIGNATURE)	may	19 87 . or	d that in (p/y) (our) opinion operate ATTENDING		dote and hour	22c DATE SIGNE	stoted
D HOSPITAL defined by the O FUNERAL much be detail in the Store		PHYSICIAN'S NAME (TYPEO NOREN A-V	RPRINT) ERNON	m	PHYSICIAN [22e ADDRESS Tohns Hopki	DIRECTOR PHYS		June 22 timere MO	

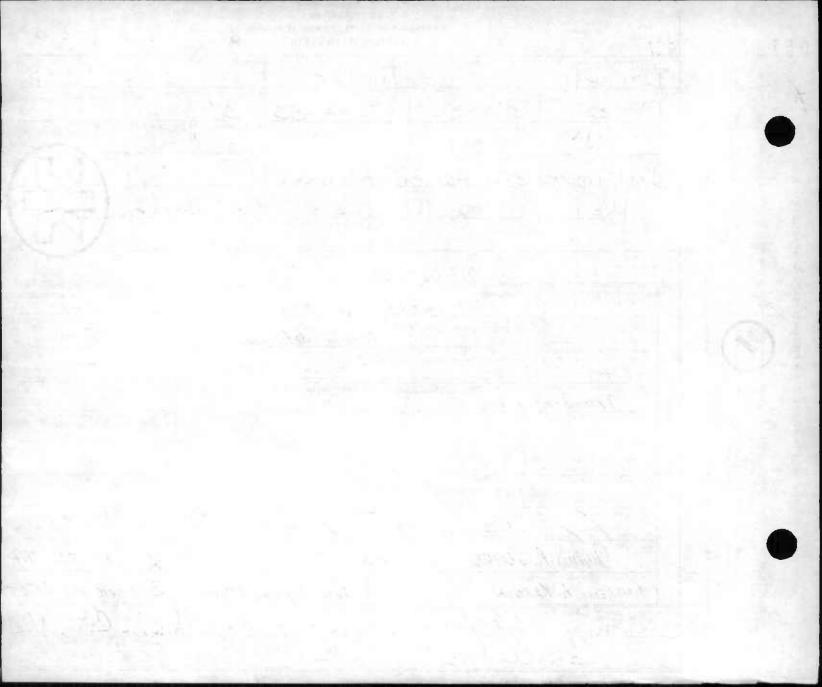
DHMH - 16 60M 7/84 (VRA 15, 4)

334 BURIAL CREMATION, HEMOVAL

Baltimore MD 21205

23 NAME OF CEMETERY OR CHEMATORY

250 DATE REC'D. BY REGISTRAIN 256 REGISTRAR'S SIGNATURE JUN 23 1987 Julia Disider Condens



STATE OF MARYLAND

DEPAR

RTMENT OF HEALTH AND MENTAL HYGIENE	13	د	
CERTIFICATE OF DEATH	8	REG. NO.	

REGISTRAR			CERTIF	ICATE OF DEATH	0	REG. NO.	1 /		6 7		
I. DECEASED NAME FIRST (TYPE OR PRINT)					2a. DATE O		TH DAY	YEAR	2b. HOUR		
JAMES	Lewi	S	TUR	NER, Sr.	JUNE	25, 198	87		9;40A		
3. SEX	4. RACE		5. DATE C	OF BIRTH		EARS LAST BIRTHDAY	() IF UND	ER I YEAR	IF UNDER 24 HRS		
Male	Black		MONTH 8	1 2 3 9	47		YRS.	DAYS	HOURS MIN		
BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.			RE CITY OR CO		EATH			
COUNTRY)	USA		MARRIE	D NEVER MARRIED D	BALTIMORE CITY 170 USUAL OCCUPATION 171 LIZE, KIND OF BUSINESS OF						
D. CITY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION							
BALTIMORE		HE JOHNS		NS HOSPITAL		dalk M			rminal		
USUAL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	NO HOSTITAL				16.	Iminai		
Manuel and	UNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?		ADDRESS / ZIP		1	- 2121		
Maryland A FATHER'S NAME		Baltim	ore	YES NO		Pear1	man r	rac	e 2121		
FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAS	T .		
James 60 WAS DECEASED EVER IN U.S.	D.	Turne		17 INFORMANT		ADDRESS			tain		
	GIVE WAR OR DATES)							213			
No		227-48	-686	Ineather	Dukes	1971					
18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse pe	line for (o), (b), one	d (ch)	Λ .			L	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH		
	IATE CAUSE (o)	Kespirat	mo	Arrest				2	minute		
	DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if ony, which											
gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF			,		(2 1		
underlying couse lost.	((c)	acute r	nuel	orgnous les	Mem	ecu		/	mente		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
NO I											
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		LIFYES, WER				
E .					YES 🗾	NU	YES [CAUSES	NO [
210. ACCIDENT WAS UNDERLYING	110110	OF INJURY .M. MONTH DA	V VEAR	214. HOW INJURY OCCUR	RED (ENTER NA	ATUR OF INJURY IN I	TEM 18 PART 1 OF	PART 2)			
OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA	19								
(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE	OF INJURY		21f LOCATION		CITY OR TOWN		YINUC	STATE		
WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC }	STREET		CITY OR TOWN		UNIT	STATE		
220.1 certify that (I) this ha	spital) ottended th	ne deceosed from	10 23	87 19 87	to	6/25	19 6	37	thoy (1) (we) lo		
			53.	nd that in (my) our) opinion	deoth occurre	d on the date o	nd hour and f				
Secretary and more visit and vi									SIGNED		
90	al to	MI	1	ATTENDING	MEDICAL	STAFF		10/2	- 10-		
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	1)		27e. ADDRESS	DIRECTOR	PHYSICIAN	25	0/2	3/07		
Elaine	40846		600 N Wolfe St. Boetlo. MD 21205								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	Y					110	C.	003		
230. BURIAL, CREMATION, REMOV	AL 23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCA		MJ COUN	1TY	STATE		

Buria1

6/30/87

Arbutus Memorial

Arbutus, Md.

24. FUNERAL DIRECTOR DHMH - 16 60M 7/84

MPORTANT: If Item

BP.

(VRA 15, 4)

C. March F/H 1101 E. North Ave.

JUN29 1987 Julia Davidur Read Company

CarlSh2d AnadEM TWRKe F

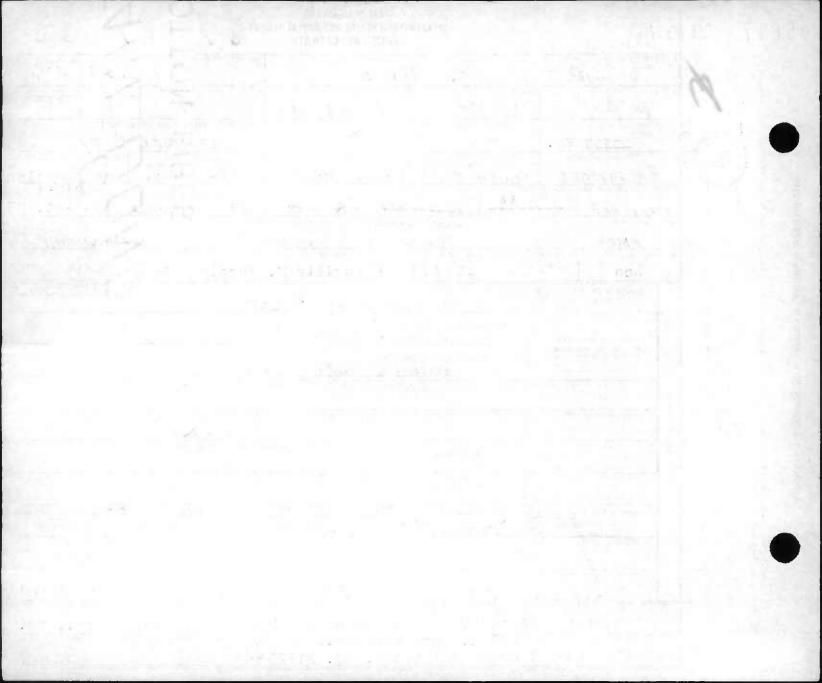
STATE OF MARTLAND	E OF MARYLAND)
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8 / _{REG.}	NO.	-	7		3	1
DATE OF DEATH	MON	"/	DAY	YEAR	2b. HC	UR

156172 JUN 1	0.9	FOR ISTATE REGISTRAR			EALTH AND MENTAL	HYGIENE 8 / REG. NO	171	30
moy be poge 3	(TYPE	CEASED NAME FIRST OR PRINT]	G.	TURPI		20 DATE OF DEATH	6/6/87	26. HOUR 8 58 P M
Page 4 may be effor, page 3	3. SEX	M ale	White	5. DATE C	29 191		YRS. WONTHS DA	115 HOURS MAN
deoth.		OUNTRY) HSA Va.	USA	MARRIE	NEVER MARRIED DIVORCED	- 000-14	RCOUNTY OF DEATH	MD.
ofter 1	2	BALTIMORE	SOUTH B		COTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SELF-EMP)	F WORKING LIFE) INDUSTI	D'OF BUSINESS OR RY 1Struction
AND 2120	13a. S	ARYLAND SOL	Y AA 136. CIJ	1 1000	13d. Inside City Limits	57 GLEN	ZIP CODE RE	21061 D. Apt. B
MARYLAND ed within 24 mpletely fille ond 2 should	JA) FA	THER'S NAME FIRST MI ABLOS	IDDLE	TURPIN	15. MOTHER'S MAIDEN FIRST UR6//	MIDDLE	BLANK	ENSHIP
BALTIMORE, one be executed to a part of the secution of the spers. Paging you.		AS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SO WAR OR DATES)	6123914	Lucille 1	ADDRE	SS	#13
ST., g phi on p		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	(O), (b), and (C).) CARDIOPULM	ONARY ARA	REST	APPR BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
PRESTON he death ce me offendin mation, or in		Conditions, if any, which	DUE TO, OR AS A (END STAGE	COPD			
201 W. PR es that the ned by the please rem urial, cremo		couse (a), stating the underlying couse lost.	((c)	EXTENSIVE	HEART DI			
	NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>contribi</u>	UTING TO DEATH BUT	NOT RELATED TO THE T	erminal disease or cont	OITION GIVEN IN PART	lo
TAL RECOF	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [IDINGS USED SES OF DEATH?
VISION OF VITA 3. PHYSICIAN: T intending physici re this certificole the burial-transi and Mental Hygi ced or tegal 8 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJUR HOUR A.M. MO	ONTH DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ATTENDIN ASPITATION OF SECTOR: Aft of drawer as of drawer as of the of t		220.1 certify that (1) (this haspital saw the deceased alive on _	6/6	19 87	d that in (my) (our) opin	7 to 6/6		the couses stated
OR he he he coche oche		274 SIGNATURE Gual	7	1	1.D. ATTENDIN	G MEDICAL STAF	F , &	6/87
TO HOSPITAL retained by th TO FUNERAL should be deter with the State		22d. PHYSICIANS NAME (TYPE OR	PRINT)		22e ADDRESS	HANGUEL	BALT. MI	21230
BP		URIAL, CREMATION, REMOVAL BUTIAL	23b. DATE 6/10/87		emetery or cremato aven Mem]	CITY OR TOWN	rnie, AA	co., Md.
			1, , , , , ,	Car Car III	T. Oak Lioni I	The late of the party	na co	1.10r s

DHMH - 16 60M 7/84 (VRA 15, 4)

McCully F 237 E. Patapsco Ave., Homes Baltimore, Md. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Troider Pandall Funeral



TO FUNERAL DIRECTOR: After this certificate hos been signed than all the betached for use as the burial-transit permit. Then play in the State Dept. of Health and Mental Hygiene prior to burn the State Dept. of Health and Mental Hygiene prior to burn MMCRTANT. If Item 21 is marked at Item 18 states ony injury, or

DHMH - 16 60M 7/B4

(VRA 15, 4)

IN HISPITAL OR ATTENDING PHYSICIAN: The

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	8 REG. NO.	7131
2		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
		SAMUEL		TYSON, JR.	JUNE 9, 1987	8:00Å
	3 SEX	Male	4. RACE Block	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	7a RIE	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	12 19 41	9. BALTIMORE CITY OR COUNT	TV OF DEATH
1		OUNTRY) N.Y.C	USA	MARRIED NEVER MARRIED X	BALTIMORE CITY	M
100	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR
P	199	LTIMORE /	THE JOHNS HO	OPKINS HOSPITAL	(TIPE OF WORK FOR MOST OF WORKING	D.P. assoc. Co.
>	13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE 134. CITY OR TOWN	NBurnie 13d INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP COL 433 Linco	1
-	A. FA	THER'S NAME	MIDDLE	15 MOTHER'S MAIDEN N	MIDDLE	R. LAST H
4	160 W	AS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	Dennett
1			214-40-	7451 Samuel T	450n, Sr 433	Lincoln Driv
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), an	dicit	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			E CAUSE (a) CARD 10	pulmonery AR	Res	1 mins
			DUE TO, OR AS A CONSEQUI		FCOTION	1 4000
		Canditions, if any, which gave rise to immediate cause (a), stating the	(p) 11 (32 5/4 1/2		TOCHEN	(1)
	Ŷ.	underlying couse last.	DUE TO, OR AS A CONSEQUI	ENCE OF		,
	7		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition G	IVEN IN PART Ira
	TIO	Dementia				
4	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INICERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\bigcap \)
7	CER	210. ACCIDENT WAS UNDERLYING		AY YEAR 21c HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	In .	19		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE F	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK	tal) attended the deceased from_	MA12 H 19 8	7 Then 4 9	10.87
		saw the deceased alive an abave, (I) (we) (did) (did no			on death occurred an the date and ha	our and fram the couses stated
		27b. SIGNATURE	01150	DEGREE	AMERICAN STAFF	224. DATE SIGNED
		Mark	Ches	ATTENDING PHYSICIAN		49187
		22d PHYSICIAN'S NAME (TYPEO)	th liss of my	22e ADDRESS Tohus	Hookins Hospi	to
1		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	Y 234. LOCATION CITY OR TOWN	COUNTY STATE
		Burial	6/10/87 E	astview Cemetery	Baltimore	Md
		NERAL DIRECTOR	Mast 1200 ADDRESS	bash Avenue	1.11166	Dirar's SIGNATURE
	WI	m. c. March F/H	west 4300 Wal	bash Avenue 📗 🗸	JUN 1 1987 Julia	Miles of Mr. Commen

ELECTION OF THE PARTY OF

eath. Page 4 may be

lled in by the funeral director, page 3

nding physicion and

IMPORTANT: If them 21 is marked ar them 18 show, any injury, ar other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physic should be detached for use as the burial-transit permit. Then please remaye carbon-pope with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	1			1	3	6
	REG. N	10.				
ΥE	OF DEATH	HTMOM	DAY	VEAD	21 11	OLID

	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	17132
	1. DECEASED NAME (TYPE OR PRINT) ANTHON	Y JOSEPH UTMA	R	20 DATE OF DEATH MON	5/09/87 2b. HOUR
	3. SEX MALE	4 RACE WHITE	5. DATE OF BIRTH 09/25/1914 VEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN CHANTRY) York	U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore city or co	City MD.
	Baltimore	St Agnes Hosp		Retired engi	RKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY Westinghouse
5	USUAL RESIDENCE (IF NURSING FORE OF 130 STATE 131 COUR Maryland Howa	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY ard EIIICOTT	City 134 INSIDE CITY LIMITS?	4722 Parkva	fe Road 21043
	John Utmar	MIDDLE LAST	Pauline	walentine	LAST
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 068 09 2		4722 Park	evale Rd 21043
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), an ED BY TE CAUSE (a) CF	nd (c)	WEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes
	Conditions, if any, which	DUE TO, OR AS A CONSEQUI		FAILURE	Months
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF CHEMIC MEAR DIXES	158	Mortho.
		conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition	DN GIVEN IN PART 110
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 201 YES NO NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
1		HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART 2)
	OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE I	PARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive or	oital) attended the deceased from		to 6/9/8 death accurred on the date of	nd have and from the causes stated
-	22b. SIGNATURE M. Chorto	T	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE)		22e ADDRESS ST Better	Agnes Moipital	400 Charles
	230. BURIAL, CREMATION, REMOVAL (SPECIFY)Burial	June 12, 1987	Name OF CEMETERY OR CREMATORY Meadowridge Cem.	23d LOCATION CITY OR TOWN	Howard County State

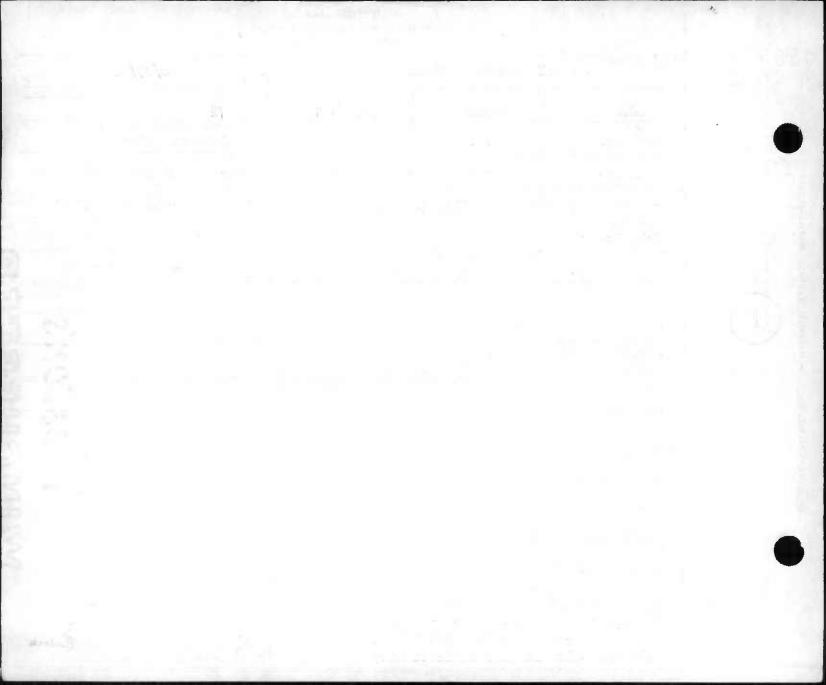
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician

4112 Old Columbia Pike Ellicott City

250. DATE REC'D, BY REGISTRAR 250 REGISTRAR & SIGNATURA 1987



	1-	FOR STATE	DEPAR	STATE OF MARY TMENT OF HEALTH AN CERTIFICATE OF	MENTAL HYGI	ENE 8 7	17	1 3	3
-18		REGISTRAR CEASED NAME FIRST OR PRINT!	WIDDLE	LAST	, l	REG. NO 20 DATE OF DEATH	MONTH DAY	YEAR 2b H	OUR
	3. SE)	STELLA	1. RACE	5. DATE OF BIRTH MONTH DAY	YEAR	6. AGE (IN YEARS LAST BIRT	MONT	DER I YEAR IF UN	DER 24 HRS
(a)	70. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED LI NEVE	R MARRIED DI	9. BALTIMORE CITY O		DEATH	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER IN		120 USUAL OCCUPATE (APPE OF WORK FOR MOST O			INESS OR
met bear		AL RESIDENCE (IF NURSING HOME OR TATE 13b, COUN	OTHER INSTITUTION, GIVE TESIDENCE BEFO	ORE ADMISSION)	CITY LIMITS?	13 e STREET ADDRESS	ZIP CODE R	d 21.	2 4 1/
exominer	14. FA	THER'S NAME	MIDDLE State		r's MAIDEN NAM	AE MIDDLE		LAST	
Medicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 2/3-48	CURITY NO. 13 INFORM	e Niche	1ds, 1650	Abere son. M	deen Ri	204
event, the		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), one by: E CAUSE (o) Seas	S. Uvin	aryTr	act In	extion.	APPROXIMATE II BETWEEN ONSET	AND DEATH
roumofic roumofic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQ		vcino	ma	V		
ar ather t		couse (a), stating the underlying couse lost.	DUE TO, ORAS A CONSEQ	eatic Car	rcino	na			
W HINTS	TION	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO			200 AUTOPSY?		N PART 1:0	ISED
2	CERTIFICATION	2]a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			YES NOTE NOTICE OF INJU	IN CERTIFYING	G CAUSES OF D	EATH?
or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH						
morked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC /	10 87	CITY OR TO		COUNTY that	STATE (we) lost
ept. of ne flem 21 is	H	sow the deceased alive on			y Cour opinion o	death accurred on the de	ote and hour and	d from the couse	s stoted
PORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	DR PRINT)	22e ADDI	ATTENDING PHYSICIAN E	MEDICAL STA		June 2	7,1987
A POR		David H.	Jung					V	

23¢ NAME OF CEMETERY OR CREMATORY

OR CREMATORY 23d LOCATION
THODOX CEN. DALTIP
HOME 750. DATE REC'D BY REGISTRAL

DHMH - 16 60M 7/B4

230. BURIAL, CREMATION, REMOVAL

ANN S. MATTHEWS, 3021 EASTERN

236. DATE

6

-29-87

MATTHEWS VE. BALTI

(VRA 15, 4)

retained by the haspital or attending physicial TO FUNERAL DIRECTOR: After this certificate in should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygie

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN

by the ottending physicion and completely filled in by the funeral director, page 3

cremotion, or removal.

ASSELT TO

058386

completely filled in by the functor director, page 3 and 2 should be filled within 77 hours offer death

medical examiner must be positied at once.

U.	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO	17	1 3	3 4
		ORPRINTI) ORPRINTI) ANE		OPAH	5.	^{AST} VanLANEN	DG 79	87		0739m
	3. SE	Female	4/RACE	√ White	July	of BIRTH 31, 1958 AR	6 AGE (IN YEARS LAST BIRT	YRS	HS DAYS	FUNDER 74 HRS
15	(RTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	U.S		WIDOWE		Baltimore city of Baltimor	_	HTAGO	MD.
8	E	altimore	Unive	rsity Hos	pita.	DR OTHER INSTITUTION	IZE USUAL OCCUPATK (TYPE OF WORK FOR MOST OF ResearchSpe	WORKING LIFE) IT	NDUSTRY	anking
3	Mar	AL RESIDENCE, IF MORSING HOME STATE 13b. CO Cyland How	UNTY	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Columbi	1	13d. INSIDE CITY LIMITS?	13:STREET ADDRESS / 9230 Winte	ZIP CODE erfields	Lane	21045
30	14. FA	Harry S	MIDDLE Stewart	Hagan		15. MOTHER'S MAIDEN NAM Mary	Kathle		Sim	
2		VAS DECEASED EVER IN U.S., (IF YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUR 401–86–58		Keith C. VanI	ADDRE Lanen 9230 V	^{SS} Columt Vinterfi	ia 210 elds	045 La.
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		ine for 10), (b), and	rebr	I hemo	nhay		APPROXÍM/ BETWEEN ON	ATE INTERVAL ISET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	(b) DUE TO, OR (c)	AS A CONSEQUENT AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM	inal disease or cond	DITION GIVEN II	N PART 110	
7	CERTIFICATION	198 DATE OF SPERATION 710, ACCIDENT WAS UNDERLYING	7 in	hacerea		N WAS PERFORMED Size of the s	200 AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING YES	CAUSES O	S USED F DEATH?
9	MEDICAL C	OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR (A.F.) 21e. PLACE (M. OG 129	19		1	lana fi	COUNTY	STATE
		WHILE NOT WHILE AT WORK 270.1 certify that (1) (this has sow the deceased alive obove, (1) (well did) (did)	on	377 0 19 9	3.8	nd that in (my) (our) opinion of	depth occurred on the do	2 19 te and hour and	87, the	ot (I) (we) lost
		The Sharmer Promise	as/ap	1/1.1	90	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F.	E DATE S	GNED 9
		J. THOM	M3 CRE	mos, m	m	27e. ADDRESS MITM	55 1 22 5	LREE	we si	BAR
	23a E	SURIAL, CREMATION, REMOV	AL 23b. DATE			EMETERY OR CREMATORY	Louisville	o Ioffo	UNIY V	on tueks
		Burial UNERAL DIRECTOR	July 3	3, 1987	Calva	ry Cemetery 250. DATE	E REC'D. BY REGISTRAR			

Mitchell-Wiedefeld Home 6500 York Road 21212

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CTATE OF MADVIAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene principal PADORIANT: If Hem 21 is marked or Item 18 shows and

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or offending physician.

III. Ze dinili.

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			W. 7 5-1		112

TIN THE SECRET SHEET OF SULL BROWN DESCRIPTION OF SULLS

7 2 9 JUN 24 1	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	HYGIENE 8 / REG. N	. 17135
y be tge 3 death		CEASED NAME JORGE FIRST	L. Vaughn.	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR A: 12 4. M
Poge 4 mo	3. SE	Male B	lack. S. DATE OF BIRTH MONTH DAY YEAR 10 23	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
deoth. P.		COUNTRY) 4D M.	F WHAT COUNTRY? MARRIED ME NEVER MARRIED WIDOWED DIVORCED F HOSPITAL, NURSING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY C	Thouse City MD
n by the filed with	1		uch figure street address) General Hos	6 Heavy Egit	DE WORKING LIFE) INDUSTRY
RYLAND 212 within 24 hour telely filled in 12 should be i	130. 3	STATE MON BOUNTY DALK	IN GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 137. CITY OR TOWN 15. MOTHER'S MAIDEN	111 N.20	SIP COSE HIS BUTY. AUR
MA hed	1	WAS DECEASED EVER IN U.S. ARMED FORCES?	Vaugha Lillio	MIDDLE	Mc Cillough
IMOR n and Poges		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	215-16-0942 AdA VA	right 71	1 NEW Pitts Burch
. : 4 등 등 등		IN/CAUSE OF DEATH (Enter only one couse pr PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Cardio pulmon ary	drest	APPROXIMATE INTERVAL BETWEEN ONSET AND OPFATH
RESTO		Conditions, if ony, which gove rise to immediate	OR AS ACONSEQUENCE OF FRANCISCO	In propany 1	Disease.
201 W. PR		underlying couse lost.	ORASA CONSEQUENCE OF failure	Te confide	(6)
SDS, squir rhen to b	TION		CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TI		
VITAL RECOR	CERTIFICATION		DITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIA ng pl certif rriol-t tem	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH HOUR /	A.M. MONTH DAY YEAR P.M. 19	CURRED (ENTER NATURE ÓF INJU	RY IN ITEM 18 PART 1 OR PART 2)
DIVISION ING PHY After this os the bu Ith and M Inched or	WED	WHILE NOT WHILE (AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
ATTEND aspital o eCTOR: J d for use t. of Heo m 21 is m		220.1 certify that (1), (this hospital) attended sow the deceased alive on above, (1) (we) (did) (did not) view the book	y offer death 19 , and that in (my) (our) opin	ion/deoth occurred on the d	, 19 that (I) (we) lost ate and hour and from the causes stated
TAL OR A by the hor A RAL DIRE detoched frote Dept.	4	22b. SIGNATURE Sould (PEGREE ATTENDING PHYSICIAN	MEDICAL STA	
O HOSPITAL O HOSPITAL O FUNERAL with the Stote MPORTANT:		SONG CHOL CH	TON M.D. 1200 ADDRESS 3600 Base	Himore,	MD, 12/236

23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Buria1 6 - 26 - 87

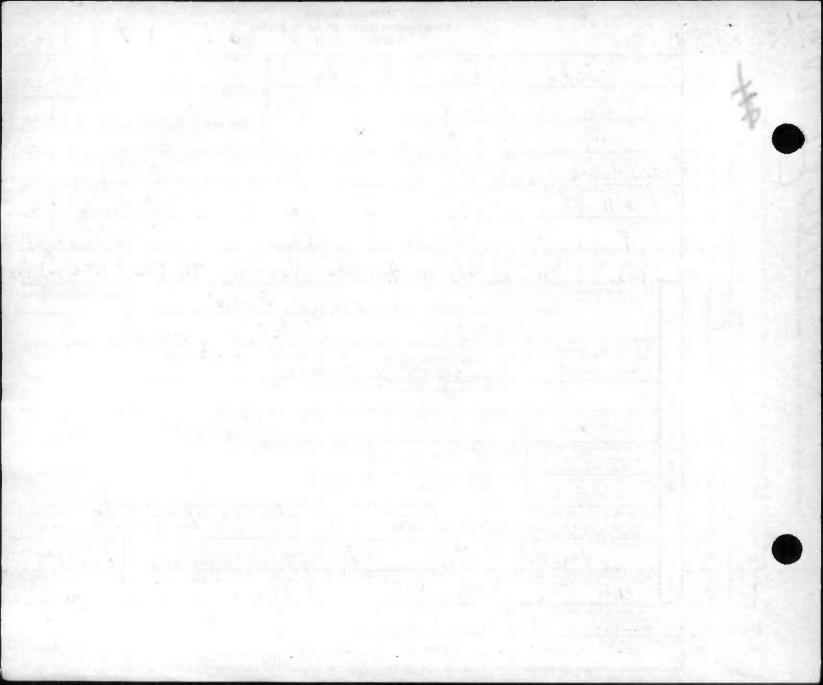
Owings Mills

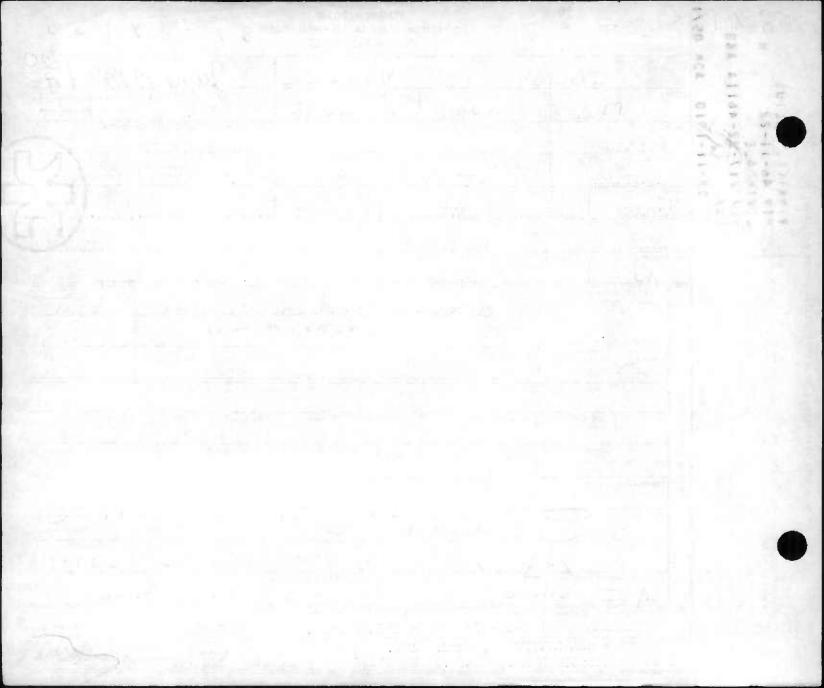
Ma.

FOR ST 256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AND LILLAND TO THE PROPERTY OF 24 FUNERAL DIRECTOR Funeral Home North Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.





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036138	JUN

FOR STATE FEGISTRAR

EDWARD A VOCET

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	- 2

DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE	1	REG. N	0.	7	Š	3	1
) (VOGEL	2a DA	TE OF D	EATH	MONTH 6	DAY 1	O YEAR	8 12	5 1/
	5 DATE OF BIRTH	6 AGE	(IN YEA	RS LAST BIR	THDAY)	JF UN	DER I YEA	(R	IF UNDER

EDWARD	A. VUGEL		REG. NO.	
DECEASED NAME FIRST (TYPE OR PRINT) EDWAR	D A	VOGEL	2ª DATE OF DEATH MONTH 6	10 P 7 5:15 M
3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS
Male	$W_{ ext{hite}}$	MONTH 9 DAY 27 YEAR 12	74 YRS.	ONTHS DAYS HOURS MIN.
COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED XX	9. BALTIMORE CITY OR COUNTY	OF DEATH
MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE CI	TY MD.
II. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	17b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE	ST. AGNES HOSP	ITAL	MUTUAL CLERK .	RACE TRACK
USUAL RESIDENCE (IF NURSING HOME OF		N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	DOAD 21220

	MARILAND	BALTIMURE	CATONSVILLE	YES	NO X X	3914 K	ORINDALE	ROAD	21228
100	14 FATHER'S NAME FIRST CHAR	LES B.	VOGEL	F	MAIDEN NAME IRST THERESA	MIDD	н.	LO	ST ORENZ
1	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 213-10-4103	MRS.	DELORES		ODRESS 11 KENWO CATONSV		ENUE MD. 212
	18. CAUSE OF DEAT PART I. DEATH W	IMMEDIATE CAUSE (o)	BRONCHOPNE RAS A CONSEQUENCE OF		GENER.		ACUTE	BETWEEN	KIMATE INTERVAL ONSET AND DEATH

18 CAUSE OF DEATH IERRET ON	y one couse per line for (o), (b), ond (c).	^	BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED	BY: KROUNHORNIEUMAN	UIA GENERALIZED ACUTE	
IMMEDIAT	E CAUSE (o) CONCINCTION	OTHE CENTIFICATION /40010	
	DUE TO, OR AS A CONSEQUENCE OF	,	
Conditions if an all the	(B) PSEUDO MONAS	AERUGINOSA	
Conditions, if ony, which gove rise to immediate	(b) 1350 DO 1401112	1, 0,000,000	
couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
underlying couse lost	CINCE TIES		_
	(0) (7) / / / / /		
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	J IN PART LIG

LUMBAR O	SIEUMYELLIIS			
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		21c. HOW INJURY OCCURRE	D VENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)

ON ON	LUMBAR O	STEOMYELITIS				
CAL CERTIFIC	196 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	21a. ACCIDENT WAS UNDERLYING	P.M. 19	21c. HOW INJURY OCCURRE	D VENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	22a, L certify that (I) (this haspital)	attended the deceased from	19	to	19	that (I) (we) Is

27a. I certify that (1) (this haspital) attended	the deceased from		, to	P, that (I) (we) los
sow the deceosed olive on obove, (I) (we) (did) (did not) view the bo	dy ofter death.	_, and that in (my) (our) opinion de	oth occurred on the date and hour	and from the couses stated
22b. SIGNATURE	110	DEGREE		224. DATE SIGNED

	Metael	x ecco	1	PHYSICIAN DIRECTOR PHYSICIAN	
22d. PH	SICIAN'S NAME (TYPE OR PRI	NT)	22e AD	DORESS	
		. 1).			

1910111000 10	. ICUCCK	ST. AGNES	HOSPITAL, BALTIMORE	, MD.
230 BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BURIAL	6/13/87	NEW CATHEDRAL	BALTIMORE	MARYLAND

6/13/87 NEW CATHEDRAL 74. FUNERAL DIRECTOR
LEROY M. & RUSSELL C. WITZKEPREUNERAL HOMES P.A.
1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 25a. DATE REC'D.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1987

DHMH - 16 60M 7/B4 (VRA 15, 4)

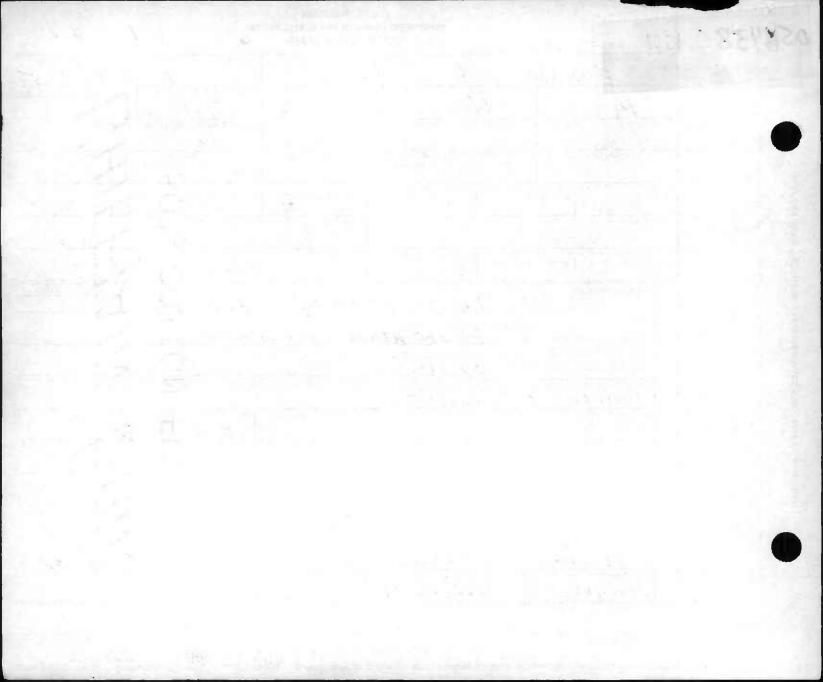
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and is should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

injury, or other troumotic event,

IMPORTANT: If Item 21 is morked or Item 18 shows ony



director, page 3

regined by the attending physician and

uted within 24 hours after death. Page 4

STATE OF MARYLAND

D

EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE					
CERTIFICATE OF DEATH								

8	REG.	NO.	7		3	8
ATE	OF DEATH	MONTH	DAY -	- YEAR -	Lib HO	HP.

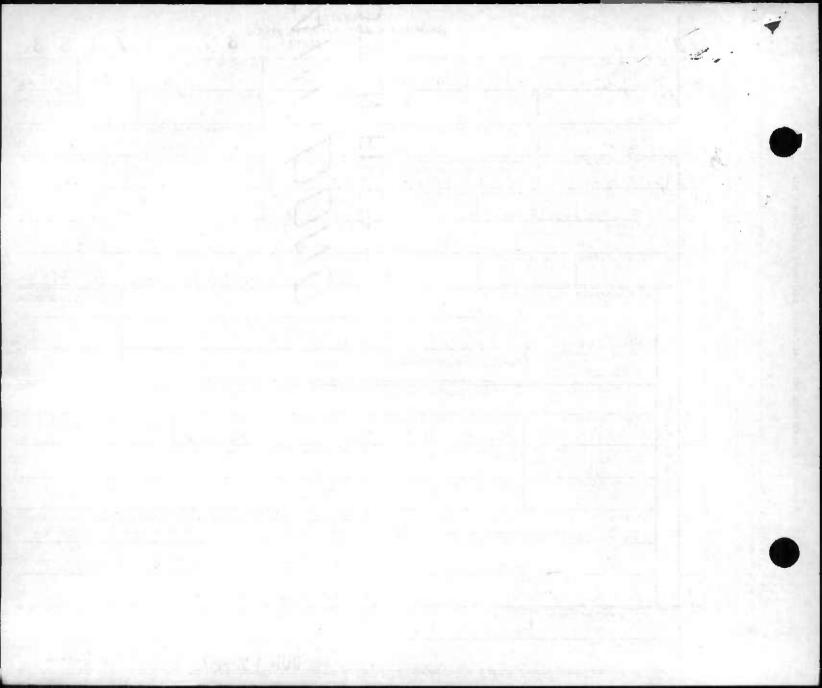
1-	FOR - STATE REGISTRAR				EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8	REG. NO.		7 1	38
	CEASED NAME FIRST A	ARGUERITI	Vogelsa.		vogelsang	2a. DATE OF		ONTH 6 DA		245 A
3 SE		4. RACE	5.	DATE C	F BIRTH 3 DAY 19 YEAR 02	6. AGE (IN YE	ARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
	EMALE	WHI	re	MONTH	3 DAY 19 YEAR 02 3 19 02	8		YRS.	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY? 8.	AARRIE	NEVER MARRIED	9 BALTIMOI	RE CITY OR	COUNTYC	OF DEATH	
-	ARYLAND	U.S.A		IDOWE	- 4	150	Itim	ove	44	/ M
19. C	OLLIMOTE A		SPITAL, NURSING HEACILITY, GIVE STREET ADDR		HOSPITAL	17a USUAL C (TYPE OF WORK HOUSE)	FOR MOST OF			F BUSINESS OI
130.5	AL RESIDENCE (IF NURSING HOME OF	AIX II	ve residence defore aon 31. CITY OR JOWN CATONSVILI		YES NO [X		MARKS		ROAD	21228
7	ATHER'S NAME FIRST	MIDDLE	LAST		 MOTHER'S MAIDEN NAM FIRST 	VE	WICOLE		LAST	Т
/	HARRY	J.	BECKER		ANNA				NIC	KEL
		MED FORCES?	213-30-0		PHYLLIS M. P.	LERRE			WORTH I	ROAD 21228
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)									
CERTIFICATION	190 DATE OF OPERATION	Incorcer	on FOR WHICH OPI		N WAS PERFORMED	20a AUTO	NODE	20b. IF YES, YES, YES	WERE FINDIN	IGS USED OF DEATH?
MEDICAL CER	2)a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. P.M.	MONTH DAY	YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NAT	TURE OF INJURY	IN ITEM 18 PAR	RT I OR PART 2)	
WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	FINJURY T, FACTORY, OFFICE, FARM,	ETC)	211 LOCATION STREET		CITY OR TOWN	7	COUNTY	STATE
	220.1 certify that (I) (this hasp saw the deceased alive ar abave.(II)(we) (did) (did no	11.	/ C*	7_, an	$\frac{5/27}{10}$, 19 $\frac{5}{2}$, ra	d an the date	e and haur o		that (I) (we) las causes stated
	27b. SIGNATURE	-has	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN C							
	Mark Mark	skprinti Ictsineg	is		St Agres	Huspi	ital	BAL	TIMORE	, MD.
23o. l	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAN	NE OF C	EMETERY OR CREMATORY	23d LOCA	TION		COUNTY	STATE
C	REMATION	6/17/8	7 West	vie	w Crematory		onsvil	_	2.6	ryland
L	UNERAL DIRECTOR EROYE M. & RUSSI		rzke wyner		HOMES P.A	1 7 100	GISTRAR 25		AR'S SIGNATI	-
	630 EDMONDSON A	VENUE CA'	PONSVILLE.	MD	21228 UUN	1 30	11 N	-		

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR, A should be detuched for use with the State Dept, of Hea

(VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

05594

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filled in by the funeral director page 3 auld be filed within 72 hours after death

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

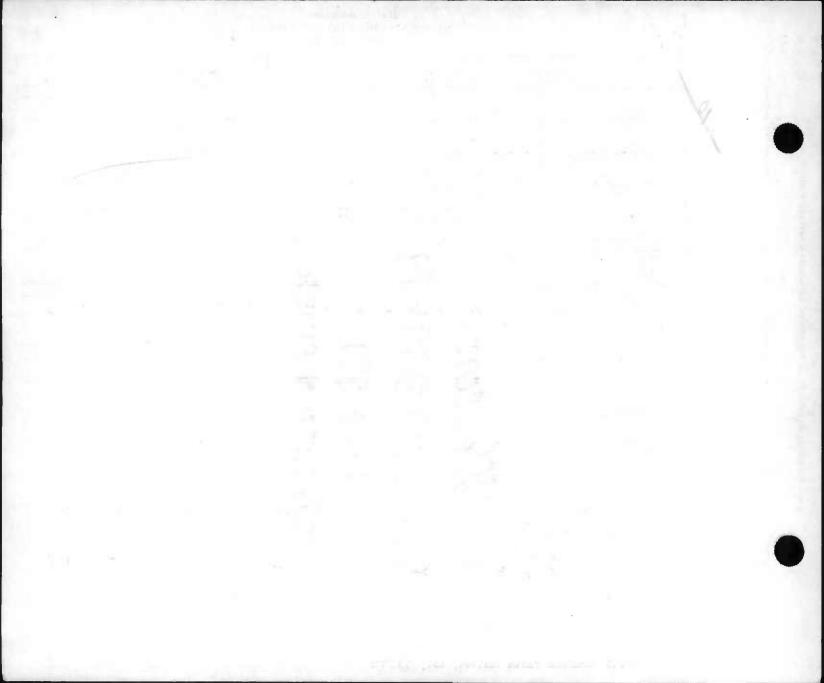
ull -		FOR 7STATE REGISTRAR			DEPA			EALTH AND MENTAL HYC ICATE OF DEATH	SIENE 8	REG. NO.						
		CEASED NAME	FIRST	MIDDLE			AST	OF DEATH	MONTH	DAY YE	AR 2	b HOU	R			
4.5	/	OR PRINT)	JOSEPH	EPH CHARLES		ES	VOJIK			JUNE 5 1987			3 A. M			
. /	3. SE	X	4 R	4 RACE 5			5. DATE OF BIRTH			6. AGE (IN YEARS LAST BIRTHDAY) IF UND				IF UNDER		
P	-	MALE	WHIT	TE JULY 10 1914			72	2	YRS	MONTHS	DAYS	HOURS	MIN.			
36		RTHPLACE (STATE OR FOR	REIGN 76 (CITIZEN OF	ITIZEN OF WHAT COUNTRY? 8.			NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DE							
		MD.	П				DOWE			BALTII	MORE	CITY			MD.	
ed	10. C	ITY OR TOWN OF DEAT	н 11.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL				OR OTHER INSTITUTION		OCCUPAT			ND OF	BUSINE	SS OR	
الق		BALTIMORE		2861 CHESTERFIELD AVE. SALESMAN S									ST C	0.		
200	195U.	AL RESIDENCE (IF NURSING	S HOME OR OTH	ER INSTITUTION	NSTITUTION GIVE RESIDENCE BEFORE ADMISSION)			134 INSIDE CITY LIMITS?	13e.STREE	13e.STREET ADDRESS / ZIP CODE						
	MD.			BALTIMO			1	YES 🔯 NO 🗌	2861 CHESTERFIE			IELD /	TLD AVE. 21213			
nine	14. F.A	ATHER'S NAME	MIDD	DLE	LAST			15. MOTHER'S MAIDEN NA FIRST	ME	MIDDLE			LAST			
8	CHARLES VOJIK							ELIZABI	ETH				BOCEK			
dico		VAS DECEASED EVER IN	U.S ARMED		166 SOCIALS	SECURITY	NO.	17. INFORMANT		ADDR	ESS					
a e	1	NO	THE TEST STATE WAS	ON DATES)	214-14	4-538	2	MARGARET V	DJIK ((WIFE)	SAME	ADDRI	ESS			
t, the		18 CAUSE OF DEATH	Enter anly o	ne couse per	r line for 101, (b	, and ic.	1		-			BET	PPROXIM	ATÉ INTER	VAL DEATH	
ven		PART I. DEATH WA	AMEDIATE C		meta	Solat	ic	prostate cu	2010				541	MCS		
ofic				DUE TO O	R AS A CONSE	EOUENCE	OF						/			
E O		Conditions, if ony, which (b)														
1		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF														
othe		underlying cause last.														
injury, ar ather troumotic	N N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra														
ou d	CERTIFICATION	190 DATE OF OPERATION	NC	196 CONDITION FOR WHICH OPER			RATION WAS PERFORMED		20a AUTOPSY? 20b. IF YES, V			ES, WERE F	WERE FINDINGS USED			
Shows	E I							1 1			TIFYING CA	ING CAUSES OF DEATH?				
8 540	8	210. ACCIDENT WAS UNDER	RLYING	216. TIME C				21c HOW INJURY OCCUP	RED (ENTER	NATURE OF INJI	URY IN ITEM 18	B PART I OR PA	RT 2)			
1 10	_	OR CONTRIBUTING CA			.M. MONTH	DAY	YEAR 19									
MPORTANT: If Hem 21 is marked ar Hem	MEDICAL	214 INJURY OCCURRE		21e PLACE OF INJURY				21f LOCATION	CITY OR LOWN				COUNTY STATE			
ked	WHILE NOT WHILE AT WORK			(AT HOME STREET FACTORY, OFFICE, FARM ETC.)			STREET		CITA OK LOWN		COUN	COUNTY		TATE		
mor		22a.l certify that Mithis haspital) ottended the deceased from 3-21 1950 to 6-5 1957, that (Me) lost														
21 is		saw the deceased give on 5 8 19 87 and that in May (aur) opinion death occurred on the date and hour and from the causes stated														
en en		obove. (1) (we) (did) (pid not) view the body ofter death. 1276 SIGNATURE DEGREF 227 DATE SIGNED														
÷		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6-5-87										7				
Z-	1	PHYSICIAN DIRECTOR PHYSICIAN 1226 ADDRESS										9/				
DRT,		DR. GEORGE LOWE 3703 BELAIR RD.														
₹ <u></u>												_				
		(SPECIFY)		I I								COUNTY	_	_	TATE	
_	24 5	BURIAL		6/8/87			LY REDEFMER BALTIMORE MD. 1250 DATE REC'D. BY REGISTRAR 25 B REGISTRAR'S SIGNATURE									
7/84	Z4. F	UNERAL SCHIMUNE	K FUNI	ERAL H	IOME, LI	NC.		. 11	JN 8	4007	1/ /	and A			LI II	
)	3331 Probing Lang Palto Md 21213 JUNO 1987 Julia Decider										~ KM	PROPERTY.				

DHMH - 16 60M 7/84 (VRA 15, 4)

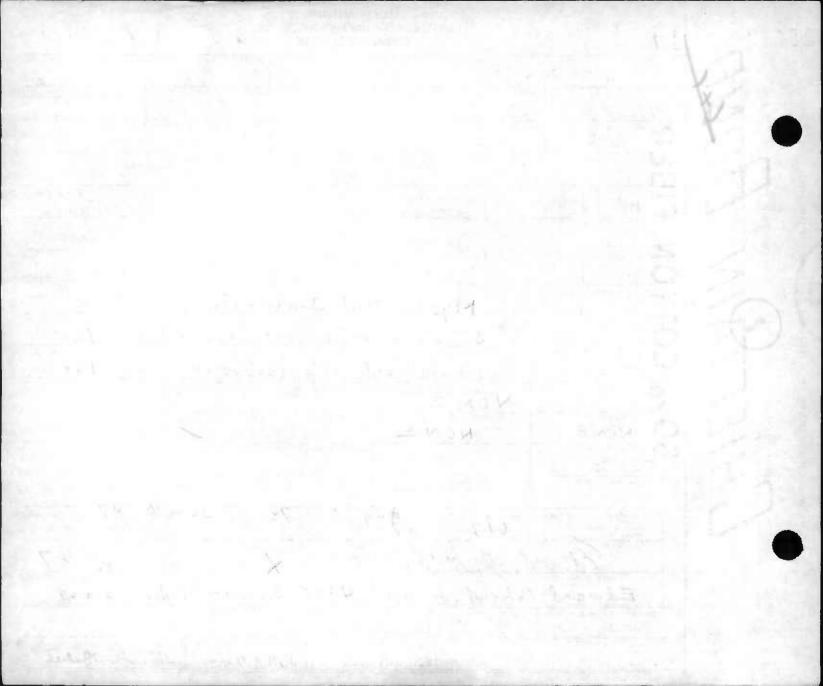
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital ar ottending physician.

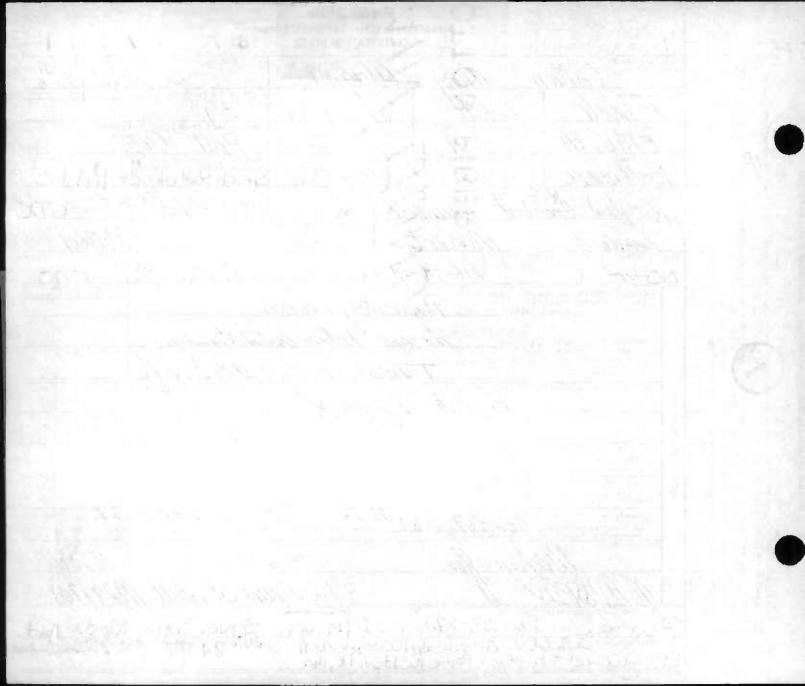
3331 Brehms Lane Balto, Md. 21213



	1			STATI	OF MARYLAND			
56510 111		FOR • STATE • REGISTRAR	DEP /		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 7	17140	1
may be poge 3 er death		CEASED NAME FIRST	MIDDLE	11	Rde	20 DATE OF DEATH MONT	10 0- 700	n M
4 offi	3. SE	male.	Beach.	5. DATE C	F BIRTH DAY YEAR 27 10	6. AGE (IN YEARS LAST BIRTHDAY	() IF UNDER 1 YEAR IF UNDER 24 HOURS M	HRS.
ter death. Page he funeral direct within 72 hours		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	MARRIEI WIDOWE	NEVER MARRIED D	9. BALTIMORE CITY OR CO		MD
by the fur filled within	10.0	allemore	NAME OF HOSPITAL, NU	RSING HOME O		120 USUAL OCCUPATION THE WORK FOR MOST OF WOR	12b. KIND OF BUSINESS	OR
filled in found be f	130	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY	13c CITY OR	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE 2/2/19 Mont Avenue	
ed within	14. F.	ATHER'S NAME Luther MIE	DDLE LAST	le	15. MOTHER'S MAIDEN NAM		Roberts	and the same of th
e execut Pag		NAS DECEASED EVER IN U.S. ARME YES NO OF UNKNOWN) (IF YES, GIVE V		SECURITY NO.	In INFORMANT Inez F. Wa	de 3203	Belmont Hver	- nue
physical propers		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY:	card	ial Inf	arction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ПН
		Conditions, if any, which	DUE TO, OR AS A CONSE			livasevlar	Dis lur	
by the stendings of the	6	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		derosis	lyr	
equires 11 n signed Then plece to buriol injury, or	AL CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	10	TO DEATH BUT			ON GIVEN IN PART Tra	=
The law rection. Ite has been ssit permit. I giene prior i shows any in		190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED .		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO	
HYSICIAN: TI ding physicio is certificate burial-transit Mentol Hygii		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN IT	TEM 18 PART OR PART 2)	
S PHY iffending the birthe bir	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	ė
I o o o o		220.1 certify that (I) (this hospital saw the deceased alive on	6/7	- 7.3	d that in (my) (aur) apinian d	eath occurred an the date an	nd haur and from the causes stated	
HOSPITAL OR ATTEN and by the hospital FUNERAL DIRECTOR IN the State Dept. of He STATEN IT HE STATE DEPT. If Hem 21 is		276 SIGNATURE CALLOCAL	d Olden	Ali	PHYSICIAN	MEDICAL STAFF	171. DATE SIGNED	,
		Edward	O. Hent . In	am c	22e. ADDRESS	dissondson A	fre 21229	
BP Te and the second se	23a.		^{23b} DATE 6/15/87		METERY OR CREMATORY n Forest Vet	23d LOCATION	11s STATE	
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR	West 4300 Wab			REC'D. BY REGISTRAR 25b. R		



		1			STATE OF	MARYLAND				
0.1	11111 3	1	FOR STATE REGISTRAR	DEPAR		H AND MENTAL HYGI FE OF DEATH	8 /	17	1 4	
y be 3	deoon		ECEASED NAME FIRST	n Mary	Wast	g ner	REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR 26.1	HOUR 5 A M
lirector, po	and all the same of the same o	3. S	1-emale	white	S. DATE OF SIR	8/ 57	6 AGE (IN YEARS LAST BIR	YRS.	DAYS HO	INDER 24 HRS URS MIN.
Took A	1	1	SIRTHPLACE (STATE ORFOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DE	АТН	MD.
101	30	1	Baltimore	1. NAME OF HOSPITAL, NURS	et Adoress C	HER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BU	SINESS OR
un 24 hou		134	ATHER A AME	in belt lise city or to	Belt 13d	NO []	104 TU	TIP CODE C	13	20770
and with	16	7	Leonard	monion	to	OTHER'S MAIDEN NAM	MIDDLE	1	eika	+
be execu	1	1	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	-6952 T	Wedge Wedge	109 SIA	han Ct	30	770_
ertificate 19 physici	event, th		PART I. DE ATH WAS CAUS	inly ane cause per line far (a), (b), o ED BY: ATE CAUSE (a)	prinato	y Failus	i.		APPROXIMATE ETWEEN ONSET	AND DEATH
Seoth ce	nove carb		Conditions, if ony, which	DUE TO, OR AS A CONSE	UENCE OF	Intracian	in Presse	41		
that the	Crem Other		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE	UMAN	directly	and Indi	rect		
equires in signed	0 0	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN F	PART 110	
the low on has bee	dent prio	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WAIC	H OPERATION WA	SPERFORMED	288 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	AUSES OF D	
SCIAN. 9 physic entificate	mtal Hyo	/ 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR	PART 2)	
otherdin ter this s	k ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f	LOCATION	CITY OR TO	wn co	JNTY	STATE
rtender pital a- ros At	of Health 21 is ma			oital) attended the deceased from 19 19 19 19 19	V	t in (my) (our) apinion d	eath occurred on the do	20 19 8 ate and hour and fi	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(I) (we) last
the hou	ore Dept.		226. SIGNATURE	Chamollis	DEGR	ATTENDING	MEDICAL STAI	F	DATE SIGN	S7
D HOSPIT	APORTAN		M. HUSSET	ok Fent)	27e	22.8.GM	ine St. E	Palt. M	2/2	31
BP	-1.5	23a.	BURIAL, CREMATION, REMOVA	236. DATE 23-816	NAME OF CEMET	LEQUES	23d LOCATION	M solita	tral.	STATE
DHMH - 16 (VRA 1		24	UNERAL DIRECTOR DONAL	TUNERAL HOME	4100 15 W	DEYKA 150. DATE	2419	EGIST ARS	GNATURE D'OLDAS	n. Randaes



				STATE	OF MARYL	AND					
1.	FOR STATE		DEPARTA	MENT OF H	ALTH AND	MENTAL HYG	IENE (5)	- 6	1 "7		1 0
' '	REGISTRAR			CERTIFI	CATE OF I	HTA3C	O	REG. NO.	1 /	1	4 4
		FIRST	MIDDLE	LA	ST p		2a. DATE C	110 0 1	ITH DAY	Y YEAR	2b. HOUR
YEYPE	'dr Print)	POSE	P	N	MIN			0	000	7 87	2:28 p
1 SE		4 RACE	4	5. DATE O	FBIRTH	25.0	6 AGE (IN	YEARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HRS
2	FEMALE	CAUC	ASIRM	MONTH 03	- 11	Ö2		85	YRS.	NINS DATS	HOURS MIN
7a. B!	RTHPLACE (STATE OR FOR		WHAT COUNTRY?	8 MARRIED	□ NEVER	MARRIED -	9 BALTIMO	ORE CITY OR CO	O YTMUC	FDEATH	
-	Maryland	2	S.A.	WIDOWE		VORCED	BA	Ctimo	RE	MI	4 "
II. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL	OCCUPATION	DV INC LIEE		OF BUSINESS O
1.	saltimori	South	BALtimo	RE C	EW.	40 SP	Hous	ewiie		Home	e Maker
30. S	TATE	COUNTY	113c. CITY OR TOW	N I	13d. INSIDE C	ITY EIMITS?	13e.STREET	ADDRESS / ZII	CODE		
	MD /	anne Abundel	CLEW BI	UR NIE	YES 🗔	NO 🔀	933	ANN	ER	\mathcal{D} , \exists	21061
FA	THER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME	MIDDLE			£1.
	MHOL	H	CHAMBE	zes		Grace		MIDDLE		,1	Dixon
	AS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMA			ADDRESS			
	es. no prunknown)	IF TES, GIVE WAR OR DATES	215-30-3	546	Rose I	Geis.	ler	Same as	13e		
	18 CAUSE OF DEATH	Enter anly one cause per	line far (a) (b) and	tici.						APPROX	XIMATE INTERVAL
	PART I. DEATH WAS	CAUSED BY:	CARDIO	-	0100	DU A	0005				0.132.771.05
	IA.	MEDIATE CAUSE (o)	C.1.0010	10(1	CON 14	7 11	460	4			
			RAS A CONSEQUE	NCE OF	1-+		1.	0-	T		
	Canditians, if any, v gave rise to immed		Disami	mate	d m	revescu	and ca	agulan	un	-	
	cause (a), stating underlying cause		R AS A CONSEQUE	NCE OF	41.						
	underlying cause	(c)	rossible	oce	ict w	MLIGN	oncy				
-	PART 2. OTHER SIGNIF	ICANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT I	OT RELATED	TO THE TERM	INAL DISEAS	SE OR CONDITIO	ON GIVEN	IN PART 1	a
ò											
CERTIFICATION	19a DATE OF OPERATIO	IN IN COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUT		IF YES, V	WERE FINDI	NGS USED S OF DEATH?
TE							YES 🗌	NON	YES [CAUSES	NO []
G.	210. ACCIDENT WAS UNDER				21c. HOW IN	JURY OCCURR	ED (ENTERN	ATURE OF INJURY IN	TEM 18 PART	1 (IRPART 2)	
A	OR CONTRIBUTING CAL	ISE OF DEATH	M. MONTH DA M.	YEAR 19							
Dic.	21d. INJURY OCCURRED		OF INJURY	17	211 LOCATIO	ON	_				
ME	HILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET			CITY OR TOWN		COUNTY	STATE
	HILE NOT WHILE			0	9	97		ola		97	
	saw the deceased	his hospital) attended the	e deceased fram	27	Laboration (man)	_, 19	, ta	8/-/	, 19.		that (I) (we) las
	abave, (I) (we) (did	(did not) view the body		,		(aur) apinian d	leath accurr	ed an the date a	nd haur a	nd Iram the	causes stated
	22b. SIGNATURE	O of	0.	D	EGREE	TTENIDING	MEDICAL	CTAFF	/	22c. DATE	SIGNED 7
	Wa	rid V. 16	row			ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN		6	14/8/
	22d. PHYSICIAN'S NAM		1		22e ADDRES				_		
	ROCH	SK, DA	ail		3001	S. HA	NODER	- St .	LAL	to. 1	10 217

23c NAME OF CEMETERY OR CREMATORY Baltimore National

DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNERAL DIRECTOR, a should be detached for use with the State Dept. of Head

George J. Gonce 4001 Ritchie Hgwy Balto Md

236. DATE 6/12/87

23g BURIAL, CREMATION, REMOVAL Burial

150 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

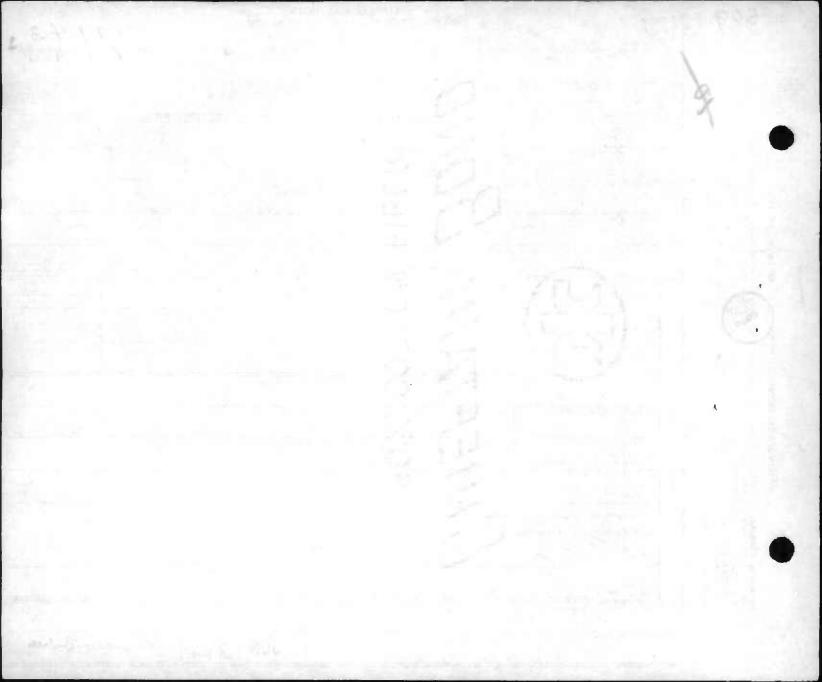
COUNTY

Md

Baltimore

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OR. E.S. E.S. E.S. E.S. E.S. E.S. E.S. E.		ECEASED NAM	E Eloi,	se	C.	7	valden		E OF	KNOWNXX /	MON 1 DA	5 19 87	2 OUR
VY DELAY IS NECESSARY, PLEASE D 3 TO THE FUNERAL DIRECTOR. TAIN PAGE 5 FOR YOUR FILES. THE DEFILED, WITHIN 72 HOURS ORREST 201 W. PRESTON STREET	W	female	black	5. DATE OF BIRTI	2 1924 62	YEARS IF UN (HDAY) MONT YRS.		HOURS MIN	S. 2c. DATE PRONOUN DEAD	NCED	6 6	YEAR 5 1987	2d. HOUR 8:50A
NECESSA CUNERAL S FOR Y WITHIN	10	SIRTHPLACE (SOFEIGN COUNTRY)		USA	WHAT COUNTRY?	WIDOV	VED 🖔	ER MARRIED C	9. BALTIM	ORE CITY OR C Baltim	ore Ci	ity	MD.
ELAY IS TO THE P J. PAGE SE FILED	4	Balti	more	2018	ospital, nursing ho facility, give street addres Raynor Str	eet	ER INSTITUT	ION 12a. L	Retire	PATION (TYPE OF KING LIFE) d	WORK 12b K	CIND OF BUSTR	SINESS
AP AP SIS	Jac.	Mass	13b. COUN		GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Cambride	١	13d INSIDE CIT		treet addre	ws St	6	2139	19
EATH. SES 1, 2	27	eorge		WIDDLE	Clark		Ann	a	ME "	IDDLE	Hil	ton	
NST., BALTIMORE ACURS AFTER DEA MYB. GIVE PAGES NO WITH FORM P MMIT. PAGES AN ME. PAGES AN ME. PAGES AN ME. PAGES AN M. PAGES	3	YES, NO, OR UNKNO		E WAR OR DATES	218-18-79		Caro	lyn A. N	lyers	2540 W.		klin S	
PRESTOR	7	Condition gave ricause (a lying cau	IMMEDIA IMMEDIA Ins, if any, which se to immediate) stating the under use last.	(c)	Cervical trainer as a consequence of as a consequence of as a consequence of the training to the training to the training to the training	E OF	E OR CONDITION	GIVEN IN PART 1 (a).			BE	TWEEN ONSET	AND DEATH
VITAL RECORDS, SHOULD BE EXEC O'RD "PENDING" CHIEF MEDICAL IS USED AS A BUR IS O'RECALANINSURIAL, CREMATIN	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONE	DITION FOR WHICH OF	PERATION W	AS PERFORM	NED?			20	AUTOPSY?	NO []
DIVISION OF VITA HIS CERTIFICATE SHOW WRITING THE WORD ARDED TO THE CHIE ARDED TO THE CHIE ARTE DEPARTMENT OF 1201, PRIOR TO BURJA	MEDICAL CERT	UNDERLYING CONTRIBUTI 21d. INJURY	NOT WHILE	DEATH 4:40 P.	DFINJURY M. MONTH DAY YE M. 6 3 19 EOFINJURY (ATHOME. ACTORY, FARM, ETC.)	87 Dr 211. LO	iver in Cation	auto/auto Monroe St	impact cny or to	wn	COUNTY	Maryla	STATE
MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED SECUTE THE CERTIFICATE SHOULD BE EXECUTED SECUTED SEASON OF VITAL REDICAL EXAMOREAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. THOUS BE WATH THE STATE DEPARTMENT OF HEALTH AND ME TIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OF	30	220. I certi death result ACTUAL SIGNATURE	fy that I took charded from Natural NAME Tail 1	ge af the remains d	escribed abave, held ar		, Hamicia TITLE (SP .D. ASSÍ	Inspection	Inquiry	anner ,	DATE SIGNED	6/6/	
07/84 BP (34)		(SPECIFY)	TION, REMOVAL		230 NAME OF O		R CREMATOR	RY 23d.	LOCATION ITY OR TOWN ARBUT		COUNTY	ST	ATE Md
25M DHMH - 17 9999 (MR ALSOME (5))	24 I	FUNERAL DIREC	TOR		Mabash A			SO. DATE REC'D.		R 256. REGISTR	PAR'S SIGNA	TURE	1



1 - STATE

I F ANY DELAY IS NECESS. RY, PLEASE 2. AND 3 TO THE FUNESA. DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. TS JOUD BE FILED. WITHIN 72 HOURS ALL RECORDS. DAY WESSION STREET, BALTIMORE, MD, 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXCUTED WITHIN TO HOUSE AFTER EXECUTE THE CERTIFICATE. WRITING THE WORD." SENDING: IN PRACTICING THE SPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER. ALCOR. WITH TO FUNERAL DIRECTOR: PAGES 3 SHOULD BE USED AS A BURRAL-TRANSIT PREMIT PAGES AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGENE. DIVISION BALTIMORE, MARYLAND, 21201 PRIOR TO BURLAL CREMATION, OR REMOVAL. STORES DIVISION OF VITAL RECORDS, 201 W. PR.

STATE OF MARYLAND

					HYGIENE	12
MEDICAL	EXAM	AINER'S	CERTI	FICATE	OF DEATH	1/

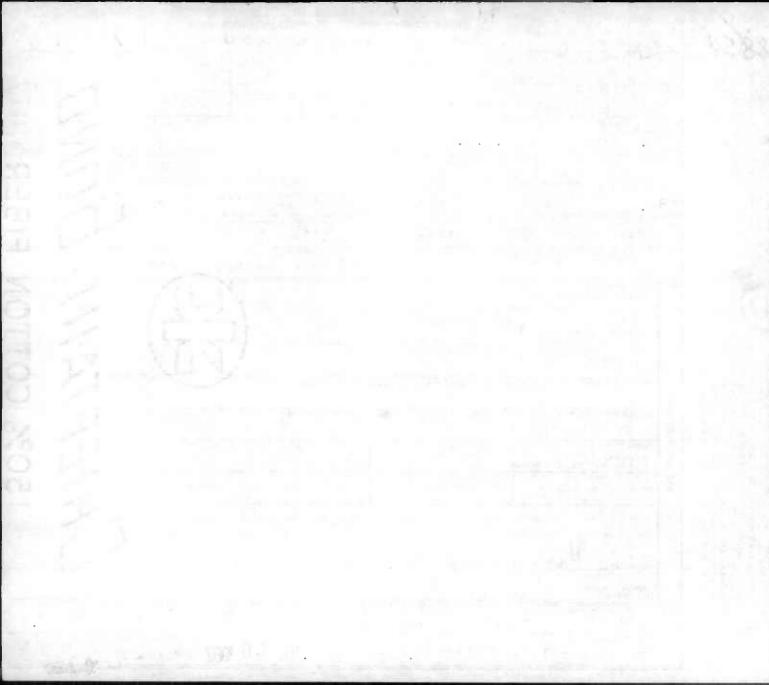
REG.	NO.	7	1	4	4
KNOWN		MONTH	DAY	YEAR	7b. 1

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Ų,	1. DEC	EASED NAME	FIRST		MIDDLE			LAST			20 DATE I	(NOWN	MONTH	DAY	YEAR	2b. HOUR
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	3. SEX		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEA	RS IF LIN		IF UNDER	24 HRS	20 DATE		MONTH	DAY	YEAR	2d HOUR
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5	FOI	REIGN COUNTRY)				IKT:		IED 🛃 NEV					_		EAITI	
100		a.		U.S.A			WIDOW		DIVOR	1			e Cit			MD.
2	ID CI	TY OR TOWN	OF DEATH	13. NAME OF HOSP			, OR OTH	IER INSTITUT	ION	12a USU	JAŁ OCCUP	ATION (TY	PE OF WORK		ND OF BU	
2		altimor		Maryland				tal			Cook					
1	1SU A		(IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE		OR TOWN	(MC	13d. INSIDE CIT	V I MAITCE	In sto	EET ADDRES	cc				
5		d.	130. COOTA		Ba	ltimo	re	YES C	NO [47	7 Wa	tty	Ct.	212	01	
	14. FA	THER'S NAME				-		15. MOTHER	R'S MAID	EN NAME						
3	F	lijah		MIDDLE	alke	AST **		E11	CT		MI	DDLE	Wa	tty	AST	
-			DEVER IN U.S. ARA			IAL SECURITY	(NO	17. INFORM				ADDRES				1
	(YE	ES, NO, OR UNKNO	WN) (IF YES, GIVE							alke			Wat	+ **	C+	
	1	0			N/	A		Ma	СУМ	aike	e r	4//	Wat			
	2	18. CAUSE O		y ane cause per line f										BETW	PROXIMATE	AND DEATH
	10	TARTIDE	IMMEDIAT	E CAUSE (a) Art	terio	sclero	tic	cardio	vasc	ular	disea	se				(2)
				DUE TO, OR A	AS A CON	SEQUENCE C	OF									
			is, if any, which	(b)										7		
			stating the <u>under-</u>	DUE TO, OR A	AS A CON	SEQUENCE C	OF.					-			-	-
	14	lying cau	se last.											3		
		PART 2 DINER CH	CHIEFFANT CONDITIONS	(C)CONTRIBUTING TO DEATH BU	IST MOT BELAT	ED TO THE TERM	INAL DISEAS	5 DD 50 HD 1710 H								
	z	TAKE E D TOLK OF	DATE CONDITIONS	DATE OF THE SEATE OF	OI NUI KELAI	EU IU INE IEKMI	INAL DISEAS	E DK CUNUIIIUN	GIAFU IU LY	IKI I a						
	CERTIFICATION	19a DATE OF	OPERATION	TIAN CONDITI	IONI EOD V	VHICH OPER	A TIONI VA	AC DEDECODA	AED2					100.4	LITORGYA	
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2	C	UNDERLYING		11b. TIME OF HOUR A.M.		DAY YEAR	21c He	OW INJURY	OCCURRE	D (ENTER)	NATURE OF INJU	JRY IN ITEM 1	8 PART 1 OR PA	ART 2)		
les d	CAL		NG CAUSE OF D	DEATH P.M.		19										-30
	MEDICAL	21d INJURY C		21e PLACE O				CATION			CITY OR TOW			YTHUC		STATE
	5	AT WORK	NOT WHILE]	2017, 1 MARY, E1			, , , , , , , , , , , , , , , , , , ,			CITORION	rin		701411		STATE
												Y				
		22a. I certif	y that I taak charg	e af the remains desc	ribed abav	ve, held an	Autop	sy L	Inspectio		Inquiry		ind in my a	pinian		
	De.	death resulte	ed fran Natur	al causes A,	Accident	L, Sui	cide	, Hamici	de 🔲	Undet	ermined ma	nner	*			
		ACTUAL	Want	~	11/	0.0		TITLE (SP					DATE			
		SIGNATURE.	muny	to me	40	سلل	M	_{LD.} <u>Assi</u>	stan	t_MED	ICAL EXAM	INER	DATE	ED 6	-30-8	87
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		(TYPE OR PRIN		garita A.	Kore	11, M.	D.	ADDRESS	111	Penn	St.,	Balto	o., M	0 2	1201	
	23a. BL	JRIAL, CREMAT	TION, REMOVAL 2	3b DATE	23c. N	AME OF CEM	AETERY O	R CREMATO	RY		CATION		CON	INTY	C.T.	ATE
	, ,	Buria	1	7-6-87	E	astvi	ew I	Memor	ia1		Balti	more	9		M	ď.
		JNERAL DIREC							So. DATE	REC'D. BY	REGISTRA	R 25b REC	SISTRAR'S	SIGNATI	JRE	
	M	larch	Funeral	Home 1	101	E. No	rth	Ave.	UL	061	987	1.1	~ 4	-	-	
	_										001	1 1	Timber.	7-16	Colonia.	-

07/84 25M

DHMH - 17 (VR A15 ME (5))

BP.



		1. DE		FIRST	A	NIDDLE	Ę.	AST		20 DATE OF DEATH	MONTH DA	Y YEAR
	be 3 eoth	(TYPE	BERNARD	D	WALKER						06/02/	187
1-1-1	moy moy	3. SE	MALE	4	RACE	1992	5. DATE C		100	AGE (IN YEARS LAST BIRTH		ONTHS DAY
111	ge 4		MALES		WIL	ITE	01/	23/1915		72	YRS	
	oth. Po		RTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF V	VHAT COUNTR	Y? 8 MARRIEI	D NEVER MARRIED	X	BALTIMORE CITY OF	-	
	9 55		WARYLAND		USA	1	WIDOWE	D DIVORCED		BALTIMO		ITY
=	offer of the formal of the ded with	2	TY OR TOWN OF DEATH ALTIMORE	H 1	I. NAME OF H	IOSPITAL, NUR FACILITY, GIVE STR GNES F	SING HOME C EET ADDRESS) IOSPIT.	dr other institution AL	1	20 USUAL OCCUPATION VETERAN)N WORKING LIFE)	126. KIND INDUSTE NA
MARYLAND 2120	24 haurs filled in b guld be fil	ජ්ර්ට 13a. S	AL RESIDENCE (IF NURSING	SHOME OF OT	HER INSTITUTION	GIVE RESIDENCE BER 13c. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMIT	TS?	3-5TET ARRESSO		
LAN	within 2	-	VID THER'S NAME	Part and	140	BALTO)	15. MOTHER'S MAIDE	1			
MAR	Po Zal	3	BERNARD	Mil	DDLE	WALK	ER	ALTCE		MIDDLE		SW
ORE,	Poges Tom	Too V	VAS DECEASED EVER IN			166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRES		212
BALTIMORE,	S. Pog		TED	WW.	VAR OR DATES)	215091	127	HAZEL E.	WA	LKER 784	44 OA	
BAL	nysici oper oper ovol. nt, th		18 CAUSE OF DEATH PART I. DEATH WAS	Enter only	one couse per			7				BETWE
ST.	ng ph ng ph remo			MEDIATE		RESPIR	ATORY	TAILURE			-	3 0
W. PRESTON ST	deoth c attendir ove carl stian, or raumotia				DUE TO, OF	AS A CONSEC		LEST				3 0%
RES	o o E 0 ←		Conditions, if any, a gove rise to imme	diote	(b)	CARDIO	ic non	CPS/				1
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201	ned ned niplecturiol		PART 2 OTHER SIGNII	FICANTICO	NDITIONS CC				TERMIN	IAL DISEASE OR COND	ITION GIVE	N IN PART
RDS,	n sig Ther r to b	N _O	ISCHEMIC	11 and	hseas		COPD.					
RECORDS	ow r mit. priany any	CERTIFICATION	190. DATE OF OPERATION	N			CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY	
AL R	The I	THE LE								YES NO	YES	
N Y	Z SY SO T 8		210. ACCIDENT WAS UNDER		216. TIME OF	FINJURY M. MONTH	DAY YEAR	21c HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART
ō	YSICIA ding pl s certif surial-t Mental	MEDICAL	(IF EITHER NOTIFY MEDICA	LEXAMINER)	P./		19	21f. LOCATION				
DIVISION OF VITAL	I & E - 0	MED	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK		21e PLACE (DE INJURY EET, FACTORY, OFFI	E. FARM ETC)	STREET		CITY OR TOV	VN	COUNTY
ā	or after the se as the rath one morked		220.1 certify that (1) (t	his hospito	l) ottended the	deceased from	n 28 MA	7	87	10 JUNE	2 1	982
	TOR TOR of He		sow the deceased above, (1) (we) (did	olive on_	JUNE	2 19			inion de	oth occurred on the do	te and hour	and from t
	NR A hos hos hos hed hed ept.		226. SIGNATURE	ar taka mort	view me body	orier deom.		DEGREE				22c DA
	AL O AL D detace onte D IT. If		Mich	rad	Short	all		ATTENDII PHYSICI	AN	MEDICAL STAF		In
1	FUNER PORTA	Ì	22d. PHYSICIAN'S NAM					22e ADDRESS	Mar	Mal 900	Cation	Ave
1.0	TO HOSPITA retained by TO FUNER, should be d with the Sto		MICHAEL		SHOR	Mu		3, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100			
	E F 2 2 K	23o l	BURIAL, C REMATION, RI BURTATI	EMOVAL	236 DATE		NAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION CITY OF TOWN BALTO	o .	TOTAL -
	BP		BURTAL		06/05	127 1	ADDTO	ON BODE		I BALTO		BALT

BERNARD DUNLOP film G628

1 - STATE item 16 4 5 2 87 s.jb DEPARTME

REGISTRAR

DECEASED NAME

MYPRD 21228 SWEENY 21237 OAKDALE AVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS 2 0A75 30M5 TION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [IN ITEM 18 PART I OR PART 2) COUNTY STATE 1982 ____, that (I) (we) last and hour and from the couses stated 220 DATE SIGNED MD BALTO JUN 4 1987 Julia Dardon Park 24 FUNERAL DIRECTOR ADDRESS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

2b. HOUR

126. KIND OF BUSINESS OR

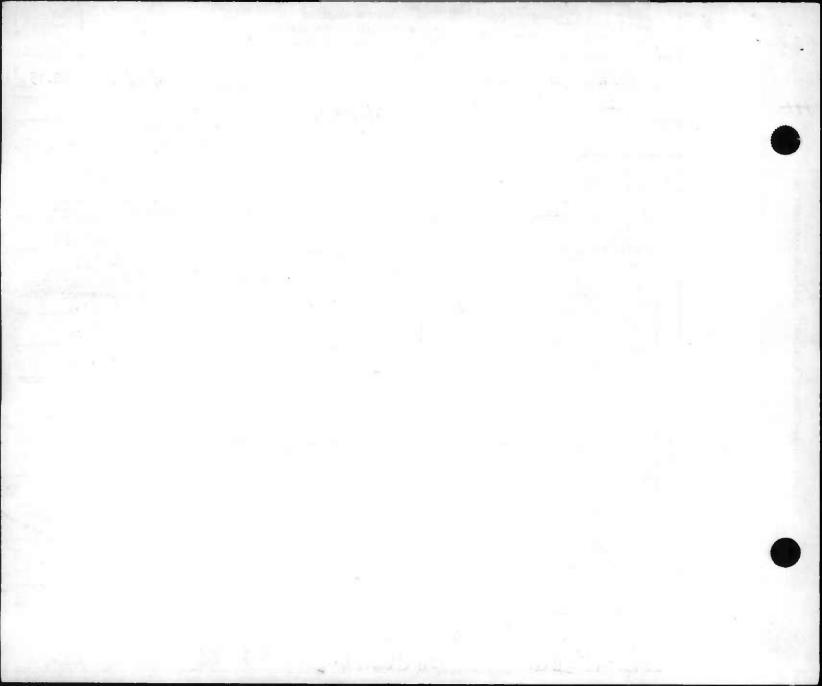
IF UNDER 1 YEAR

NAVY

08:15 M

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4).



058376 JUL

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

medicol exo

cremotion, or removal.

the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be

ATTENDING PHYSICIAN: The

retained by the hospital or attending physician.

BP.

6.9	ATE	OF	MARYL	A ALEX
\ \ I		LIP	BOOKII	ANU

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

3	REG. NO	7	den.	4	6
	REG. 140				

6.1	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO				
	CEASED NAME FIRST		MIDDLE	t.	AST	20	DATE OF DEATH	MINON	DAY YEAR	26 HO	UR
LIVP	Harol	d Augu	sta W	ialker				6 2	27 87		AMM
1 SE	x Male	4 RACE	₩ WHITE	5. DATE C			AGE (IN YEARS LAST BIRTI		MONTHS DAYS		ER 2.5 HRS
70: B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U	what country? SA	WIDOWE			Baltimore city <u>o</u> l Baltimor	e Cit	cy		MD.
)	Balto.	3105	Ellers lie	AVE.	OR OTHER INSTITUTION	(1	USUAL OCCUPATION OF WORK FOR MOST OF EMPLOY	WORKING LI		Υ	VESS OR
USU 13a.	JAL RESIDENCE (IF NURSING HOME COL STATE Md. BA	LTIMORE	Balto.	ADMISSION)	13d. INSIDE CITY LIMI YES NO		street Address / 3106 Elle			212	218
	012110	ARTHUR	WALKER		HELENA	EN NAME	MAY		MILLER	AST	
160	WAS DECEASED EVER IN U.S. A (YES, NOOR HINKNOWN) (IF YES, C	RMED FORCES?	220-10-0		JAMES WALK	ER 13			21502 OMBERIA		Œ
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per SED BY: ATE CAUSE (a)	Cardias	1	est					MONSET AN	
Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b)	OR AS A CONSEQUE	ENCE OF	Arley D.	E TERMIN	AL DISEASE OR CONE	OITION GI	VEN IN PART	110	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FIND IFYING CAUSI 'ES []		ATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A	.M. MONTH D.	AY YEAR		CCURRED) (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, S1	OF INJURY FREET, FACTORY, OFFICE, F	FARM ETC)	211 LOCATION STREET		CITY OR TO	wN	COUNTY		STATE
	220.1 certify that (I) (this has sow the deceased alive canove (III) e) (did) (did	on	19		nd that in (my) (our) o		oth occurred on the do	ite ond ho		he couses	stoted
	The SIGNATURE Chaul	1 ()a	monf		ATTEND PHYSIC	ING X	MEDICAL STAF	IAN [6	127	187
	22d PHYSICIAN'S NAME (TYPE		DIAMM	P	3547	Ch	estput 1	ke	Bal	L 2,	12/1
230.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMA		23d. LOCATION	OMO T	COUNTY	3 / 3 75 7	STATE
1	Burial	JUNE 2	29 1987 RO	JCKY (GAP VETERAN	NS CE	MET. FLINI	STUN	E ALLEG	ANY	MD.

DHMH - 16 60M 7/B4

(VRA 15, 4)

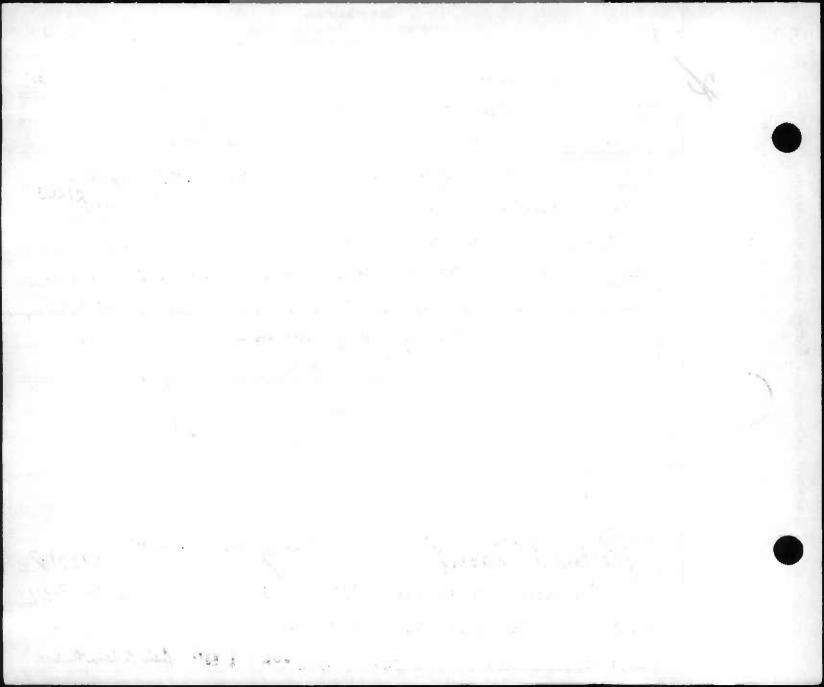
IMPORTANT: If Hem 21 is morked or Hem 18 shows ony LO TUNERAL DIRECTOR: After this certificate hose should be detached for use as the buriol-tronsit per with the Stote Dept. of Health and Mental Hygiene primary in the Land.

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Aulia Divideon Randace.

ADDRESS FUNERAL HOME CUMBERLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH	Ö	REG. N	VO.		1	4	1
DDLE	LAST	2a DATE C	OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
/.	WALKER			6	7	87	053	SA
	5. DATE OF BIRTH	6 AGE IN	YEARS LAST B	IRTHDAY)	IF UND	ERIYEAR	IF UNDE	R 24 HRS
	MONTH 4/1904 YEAR	86			MONIHS	DATS	HOURS	MIN.

1 SEX 4 RACE

76 CITIZEN OF WHAT COUNTRY

9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED [

LTIMOLE 12b KIND OF BUSINESS OR INDUSTRY

2TY OR TOWN OF DEATH

LSTATE OR FOREIGN

MOTHER'S MAIDEN NAME

13e.STREET ADDRESS # ZIP CODE

ATHER'S NAME

- STATE REGISTRAR 1. DECEASED NAME TYPE OR PRINTS

E BIRTHPLACE

WAS DECEASED EVER IN U.S. ARMED FORCES? HELD OF LINKNOWN) (IF YES GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)

IMMEDIATE CAUSE (a)

TAL SECURITY NO

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WIDOWED

Canditions, if ony, which gave rise to immediate cause (a), stating underlying cause

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF

Merce

, that (I) (welfast

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

(emi

90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
				YES 🗌	NO	YES 🗌	NO 🗌	
OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRED) (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2)		

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

22a.1 certify that (1) (this bespittol) attended the deceased from

211 LOCATION

CITY OR TOWN COUNTY STATE

sow the deceased olive on. obave, (1) (yel (did) (did not) view the body after death. 226. SIGNATURE

NOT WHILE

DEGREE

MEDICAL DIRECTOR | PHYSICIAN 22c DATE SIGNED

774 PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

ATTENDING

PHYSICIAN

and that in (my) (aur) apinion deoth occurred an the dote and hour and fram the causes stated

73a BURLAL 736 DATE

25a DATE REC O BY REGISTRAR 35b REGISTRAR'S SIGNA

DHMH - 16 60M 7/84 (VRA 15, 4)

SAL DIRECTOR

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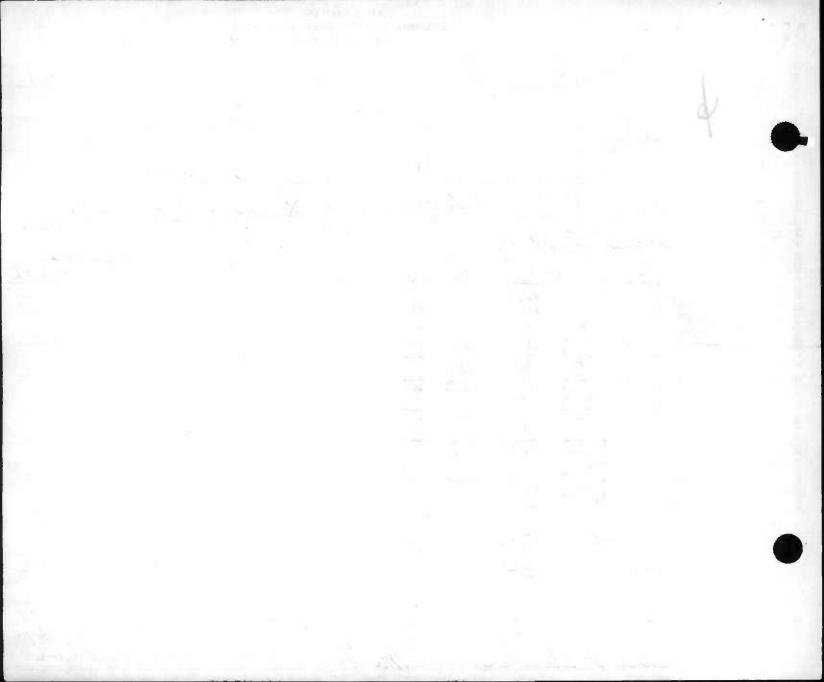
IMPORTANT

per

other

CERTIFICATION

MEDICAL



BP.

(VRA 15. 4)

	FOR STATE (REGISTRAR			CERTIFI	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8	REG. NO		1 1	4 8	
		Theresa *	Odessa O WA	LTER	walter		IE 9,	198	87	2b. HOUR 10	:55P
3 SEX	(4. RACE		5. DATE O		6. AGE (IN	YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24	MIN.
2. 2	Female	Black	Lint-I	NOV.		35		YRS.	MONING DAYS	HOURS	m (N,
C	RTHPLACE (STATE OR FOREIG		VHAT COUNTRY?	8.	X NEVER MARRIED	l.	RECITY OR	b-	OF DEATH CITY		
LOW		US.		WIDOWE							MD.
1:	IY OR TOWN OF DEATH BALTIMORE	(IF NOTINGUE)	FACILITY OF INS	ADDRESSH O	PKINS HOSPI	THE PE WOR	OCCUPATION FOR MOST OF DUSEWI	WORKING LIF		of Busines:	5 OR
130. S Mar	yland Ha	ome or other institution. COUNTY rford	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Edgewood	V I	13d INSIDE CITY LIMITS? YES NO X	1720	ADDRESS /	ZIP CODE	210 ourt,Ed	40 gewood	l,Md.
14) FA	THER'S NAME FIRST Vernon	Small	Nash		15. MOTHER'S MAIDEN NA/ Derother	ME	WIDDLE		Cease	r	
	/AS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECU		17 INFORMANT	_	ADDR	dgewo	ood,Md.	21040)
Sec.	No		532-54-3	3797	William L.Wa	alter,	Sr., 1	720]			
	18 CAUSE OF DEATH (En PART I. DEATH WAS C IMM Conditions, if any, whi gove rise to immedia couse (a), stating funderlying couse lo	AUSED BY: EDIATE CAUSE (o) DUE TO, OF the	AS A CONSEQUE	NCE OF	abscess	idosis			//	MATE INTERVIOUSET AND DI	
NOI	PART 2. OTHER SIGNIFIC	Dinberes	nellite	exp	NOT RELATED TO THE TERM	INAL DISEAS	SE OR COND	ITION GIV	/EN IN PART 1	0.	
CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH		N WAS PERFORMED	20a AUT	OPSY?	IN CERTIF	S, WERE FINDI FYING CAUSE: S []]?
MEDICAL CER	210. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED	OF DEATH HOUR A.	M. MONTH DA	YEAR	21t. HOW INJURY OCCURI	RED (ENTERN					
ME	WHILE NOT WHILE E	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOY	WN (C	COUNTY	STA	ATE
		hospital) attended the	//>		od that in (my) (our) apinion	, to deoth occurr	ed on the do	te and hou	ond from the		
		TK. H. 72.	-14		DEGREE ATTENDING PHYSICIAN [PHYSIC	IAN	6/1	0/148	7
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	m		John H	on N	WOLF HOSD	E SI	Baltin		6

VINCENT IC. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 6/15/87 Buria!

23c. NAME OF CEMETERY OR CREMATORY Punch Bowl National Cem. Honolulu

23d. LOCATION

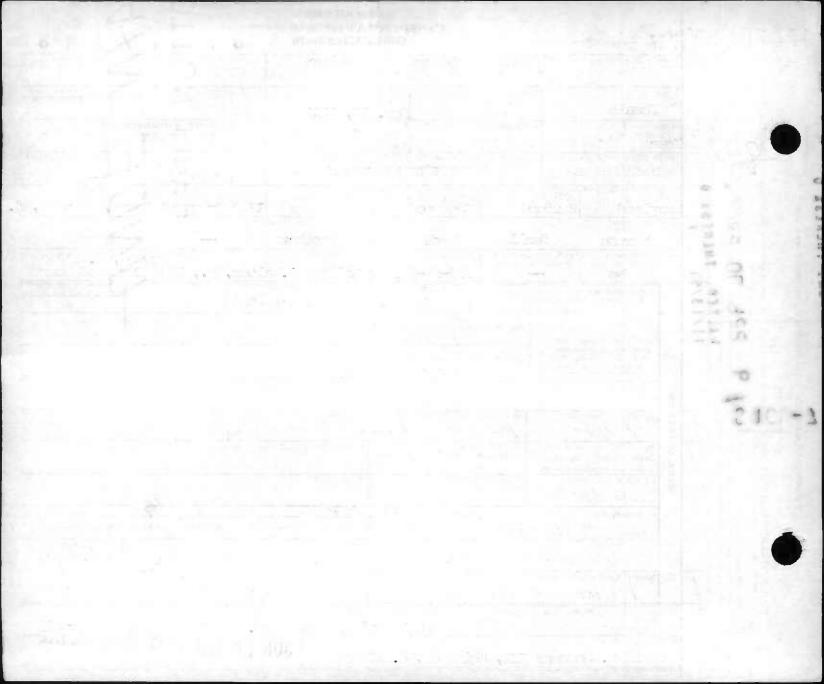
Oahu Hawaii

24. FUNERAL DIRECTOR DHMH - 16 60M 7/B4

Maryland

Howard K. McComas III, Abingdon, Md. 21009

JUN 16



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	90 do 0
	rath. Page
1201	60
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate an empirital within 64 flaurs at the death region.
MORE, MA	payrian a
ST., BALTI	ertificate be
PRESTON	the deoth c
DS, 201 W.	quires that
AL RECOR	The law rection.
ON OF VIT	HYSICIAN.
DIVISI	ENDING PI
1	AL OR ATTI
	TO HOSPITAL OR ATTENDING PHYSICIAN. The Interined by the hospital or attending physicion.

		Item 13 A	e proxe	STATE OF MARYLAND	The state of the s	
67 1111 1 1 1	1.	FOR Item 13 P STATE L/11/87 EX REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	HYGIENE 8 / REG. NO.	7149
3 00H 11		CEASED NAME FIRST DON PT	LD R.	WAPLES		1987 26 HOUR
ge 4 mg	3 SE	Ale	white	5. DATE OF BIRTH	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Po	-	HIO	LUSA CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH MD.
2	2	Baltimore	PERAND HOSP	itel Loch TARNO	120 USUAL OCCUPATION, (TYPE OF WORK FOR MOST OF WORKING LIF ELECTRICIAN)	126. KIND OF BUSINESS OR INDUSTRY
1	13a S	10.1000		PRNA 13d. INSIDE CITY LIMITS	419 ElEANUR	AU832009
omplered on the	M	ultoed L	DPLE WAP/	15. MOTHER'S MAIDEN FIRST TRENE	MIDDLE	PERING YOW
be even	16a V	VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 577-22-		Beitton 1631 Old	1 Town &C.
milicore g physic on paper emasol.		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and BY: CAUSE (a) CACD10P	PULMONARY ARR	EST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death or by the attending as remove cortal or, cremotion, or rather troumatic		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b)	TATIC LUNG CANC	62	
equires the signed Then plect to burial injury, ar	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO [DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION GIV	EN IN PART 110
The law recion. te hos beer sit permit. giene prior shows any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SICIAN. Tog physici of physici certificate certificate ental Hygi tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
DING PHYS or attendir After this e os the bu olth and M. marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI spital ar CTOR: A d for use d for use n 21 is mr		sow the deceased alive on above, (1) (we) (and) (did not)	19		nion death accurred on the date and hau	
by the house detailed by the house detached State Dep		22b/SIGNATURE	dun	DEGREE ATTENDIN PHYSICIA		DODATE SIGNED
etained be TO FUNE should be with the St		BEC	KER		VA HOSPITAL.	
96999	C	CENTA TION, REMOVAL	6-9-87 23c. N	VESTURIS PARE	BATTIMORP	COUNTY MO STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	29 1	I HARCEST	HANNAPULES,	Md. 21401 250.	DATE REC'D. BY REGISTRAR 25b. REGIST	Nation Product

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injury, or other troumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CEDTIFICATE OF DEATH

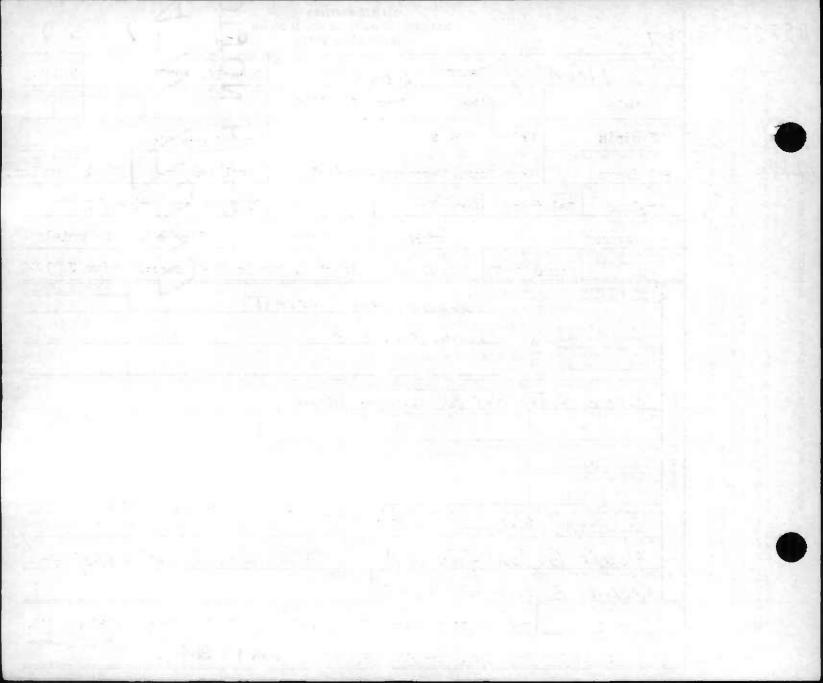
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7	- Tribute	5	U
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1	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HICATE OF DEATH	HYGIENE 8	REG. NO.	7 1	50
9	1. DECEASED NAME FIRST	Oscar	Was	rble	June 18	3, 1987	DAY YEAR	3:20A • _M
	3. SEX Male	4. RACE White	5. DATE O		6. AGE (IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	76. BIRTHPLACE (STATE OR FOREIGN VIRGINIA	7b. CITIZEN OF WHAT COUNTRY? United States	WIDOWE		Balti	city or county more City		MD.
1	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Loch Raven Vete	rans		120 USUAL OC (TYPE OF WORK FO Stock	CUPATION OR MOST OF WORKING LIFE Helper		Manufact.
		rother institution give residence before NTY 13c. CITY OR TOWN Limore Dundalk	ADMISSION)	13d INSIDE CITY LIMITS YES NO 🖎		press / zip code ameron Dr.	ive / 2	1222
1	Connard	MIDDLE Warbl		is, mother's maiden Mary		Elizabeth	McÎ	aniels
2	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV YES WOT]	MED FORCES? 166. SOCIAL SECUI LO WARTI 213-07-		Violet M.	Warble 21	04 Camero		2 / 21222
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) Lang (b) Lang (c) CONDITIONS CONTRIBUTING TO D TYCHAP PULM 196. CONDITION FOR WHICH	nce of DEATH BUT	NOT RELATED TO THE T	20s AUTOP	SY? 20b. IF YES	EN IN PART 100	NGS USED
1	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR 19	21c. HOW INJURY OCC				
	AT WORK AT WORK	(ATHOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	STREET 19	F., 10	6 1/8	19.8.7.	that (I) (we) lost
	sow the decessed olive or obove, (1) (we) (did) (did no obove, (1) access B	on PRINT		nd that in (my) (our) opin DEGREE ATTENDIN PHYSICIAI 22e ADDRESS	G MEDICAL _	on the date and hou STAFF PHYSICIAN	22c. DATE	
	230 BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	June 20,1987 He		EMETERY OR CREMATO	al Midd	lle River		more Md.
	24 FUNERAL DIRECTOR	adley, Inc. Dund		250.	JUN 19	1987 June 1987	IRAR'S SIGNAT	IURE and and

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



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STATE OF MARYLAND

1	1	7	5
REG. NO	Ο.		

L	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).	
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	L.	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b HOUR
1	Frank	Α.	Warczynsk	ri	June 24,	1987	
3.	SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNE	ER I YEAR IF UNDER 24 HRS.
	Male	White	July	7 31, 1911 AR	75	YRS.	DAYS HOURS MIN.
70	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY O		EATH
0	COUNTRY Md.	USA	WIDOWE		City		IM.
	Baltimore		L, NURSING HOME C GIVE STREET ADDRESS) Thern Avenu	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	WORKING LIFE) IN	kind of Agway of Dustry M. Broening
13	SUAL RESIDENCE (IF NURSING HOME (B) STATE 136 COL	JNTY 13c. CITY	PENCE BEFORE ADMISSION) Y OR TOWN Ltimore	YES X NO	13e STREET ADDRESS /	ZIP CODE thern Av	e. 21214
14.	FATHER'S NAME FERST Henry	Warczyns	tasī B ki	15. MOTHER'S MAIDEN NAM Josephi	MIDDLE	В	ayer
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16h SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS _.	
	no (4ES, NO OK UNKNOWN)	216	5-01-5076	F. Richard	Warczynski	2623 Eb	ony Rd.
	PART I. DEATH WAS CAUS	only one couse per line for (SED BY: ATE CAUSE (o)	(0), (b), and (c).)	iten dien	-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CATION	PART 2. OTHER SIGNIFICANT 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING		OR WHICH OPERATION		NAL DISEASE OR CONI	20b. IF YES, WEF	PART 110 REFINDINGS USED CAUSES OF DEATH?
11617					YES NO	YES [NO [
٥			Y ONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMIN		19				
			RY	21f LOCATION STREET	CITY OR TO	wn (OUNTY STATE
	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify the (1) this has sow the deceased olive	P.M. 21e PLACE OF INJUI (AT HOME, STREET, FACTO	RY DRY, OFFICE, FARM, ETC.) sed from Feb 19 8 7, on oth.	street 19 87 d that in (my) (our) opinion d	_, to_ June ?	ite ond hour and	7 . tho we tas
	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK 220. 1 certify tho (I) this has sow the deceased alive as the second of t	21e PLACE OF INJUI (AT HOME, STREET, FACTO pitch) attended the deceos	RY DRY, OFFICE, FARM, ETC.) sed from Feb 19 8 7, on oth.	d that in my (our) opinion d DEGREE ATTENDING PHYSICIAN		te ond hour and	7. tho we tas
	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify the (1) this has sow the deceased olive	21e PLACE OF INJUI (AT HOME, STREET, FACTO putch) attended the deceos of the body ofter deceos	RY DRY, OFFICE, FARM, ETC.) sed from Feb 19 8 7, on oth.	d that in (my) (our) opinion d	mEDICAL STAF	te and hour and	from the couses stoted 2c DATE SIGNED June 25,8

DHMH - 16 60M 7/84

BP.

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, or other troumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the With should be detached for use as the burial-transit permit. Then please removement the State Dept. of Health and Mental Hygiene prior to burial, cremaking

TO HOSPITAL OR ATTENDING PHYSICIAN, The

(VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤱

	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYGIE ICATE OF DEATH	ENE 8 /	17	152
		CEASED NAME FIRST DOROTH	y Marie	WARI		20 DATE OF DEATH	MONTH DAY YES	7 1237 PM
	3. SEX	temale	1. RACE	S DATE O	y 23 11	AGE TIN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
2	С	RTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COU	WIDOWE	D NEVER MARRIED U	BOLTIMORE CITY O	6. City	MD.
6	1	Bath. C1-ty	11. NAME OF HOSPITAL, I UF NOT IN SUCH FACILITY, GIN	VE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF Manager	F WORKING LIFE) INDUS	nd of Business or STRY h's Store
5	13a S	AL RESIDENCE (IF NURSING POLE OF Maryland 1311 Cour	NTY Balti		YESX NO		zip code ouver Road	, 21229
2		THER'S NAME Frederick	H. Bau	ast amann	15. MOTHER'S MAIDEN NAMI FIRST Sara	M.		aker
	16a W	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (16 YES, GIV	MED FORCES? 16b, SOCIA	129908	Robert M. War	ner, 5662 I	Leiden Roa	O PPROXIMATE INTERVAL MEEN ONSET AND DEATH
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON	NSEQUENCE OF NSEQUENCE OF	NTRACER BRAK TPELTENS/ON NOT RELATED TO THE TERMIN		7	leas.
4	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAU YES []	
7	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	HOUR A.M. MON	19	21c. HOW INJURY OCCURRE 21f LOCATION STREET	D (ENTER NATURE OF INJUR		
		27a. I certify that (I) (this hosp saw the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE Mihad	1111000	, or	nd that in (my) (our) opinion de DEGREE ATTENDING	mEDICAL STAR	22c. C	7 11101 (11 (110)1031
		22d. PHYSICIAN'S NAME (TYPE OF	ORPRINT) SHOKTAL	L	700 Cetar A	e Magnital he Batts	more	
	·	Burial, cremation, removal Specify) Entombment	6/10/87	Loudon 1	EMETERY OR CREMATORY Park Mausoleum			Maryland
	24 FL	JNERAL DIRECTOR		212	29 25a DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S STO	SNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then please re with the State Dept. of Health and Mental Hygrene prior to burial stre

IMPORTANT: If Item 21 is marked or Item 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

1987 Julia Devider Randall

See Assert Company and Assert Company

95 1-0	FØR SJATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	7 1 5 3
	ECEASED NAME PE OR PRINTS BERTH	MIDDLE	WASHING-TON	June 29	1987 805 PM
3. SI	Female	Black	5. DATE OF BIRTH MONTH 09 07 1900	6 AGE (IN YEARS LAST BIRTHDAY) PT YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70 E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	76 CITIZEN OF WHAT COUNTRY $\mathcal{U}.S.A$.		BALTIMORE CITY OR COUNTY	OF DEATH MD.
34 10.C	BALTIMORE	(IF NORIN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET APPRESS) HOSPHAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b KIND OF BUSINESS OR INDUSTRY
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE 126 COUNTY BALT		WORE YES NO	130 STREET ADDRESS / ZIP COD	
Z (www.	FATHER'S NAME FIRST LUNK	moun LAST	15. MOTHER'S MAIDEN NA FIRST PREST	MIDOLE	Cane
Poges 199	(YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 166 SOCIAL SEC 243-0	, /	ADDRESS	
to or me ortereding prysical close remove calculonement in a cremovien, or removal. or other troumging event, the	PART I. DEATH WAS CAUSED IMMEDIAT Canditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEO (c) DUE TO, OR AS A CONSEO (c)	ute Myocardial	Infanction'	
Then proto to bur injury, a	Cereb	rovdscular a	DEATH BUT NOT RELATED TO THE TERM		
ene pri	19a DATE OF OPERATION	196 CONDITION FOR WHIC	h operation was performed	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
os the burial-tronsit ith and Mental Hygie orked or Item 18 sha MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EARLY OF ALT WORK	TH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED. SENTER HATURE OF PAURY PAURE IN	PART I OR PART ?) COUNTY STATE
toched for use E Dept. of Heal If Item 21 is m	saw the deceased olive of	al) attended the deceased from 19.	DEGREE ATTENDING	deoth occurred an the date and had	19 At that (I) (we) last on and from the causes stated
with the Store	MARVIN	Creati,	1. D. PHYSICIAN [220 ADDRESS En Secan	DIRECTOR PHYSICIAN BY	Paltimore, Md

230 NAME OF CEMETERY OR CREMATORY
ANT. 210N CEMT.

1721-27 N. Momas &.

23d OGATION CONTROLL

MARGLAND

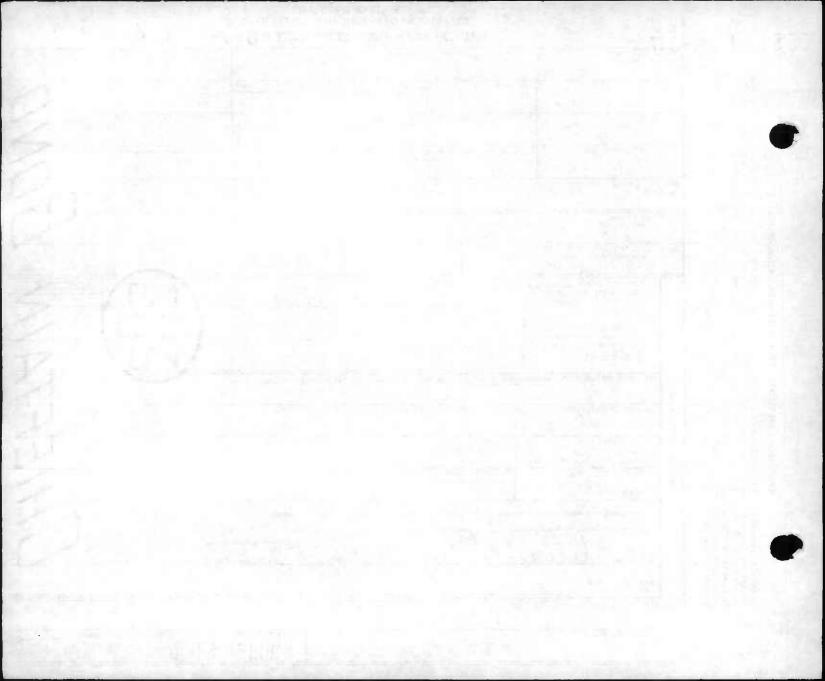
DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIAL)
24 FUNERAL DIRECTOR

E. L. Philleps

MT 88 9TH

(VR A15 ME (5))



250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Tendon Pandall

"NUMBER FUNERAL HOMES, INC.

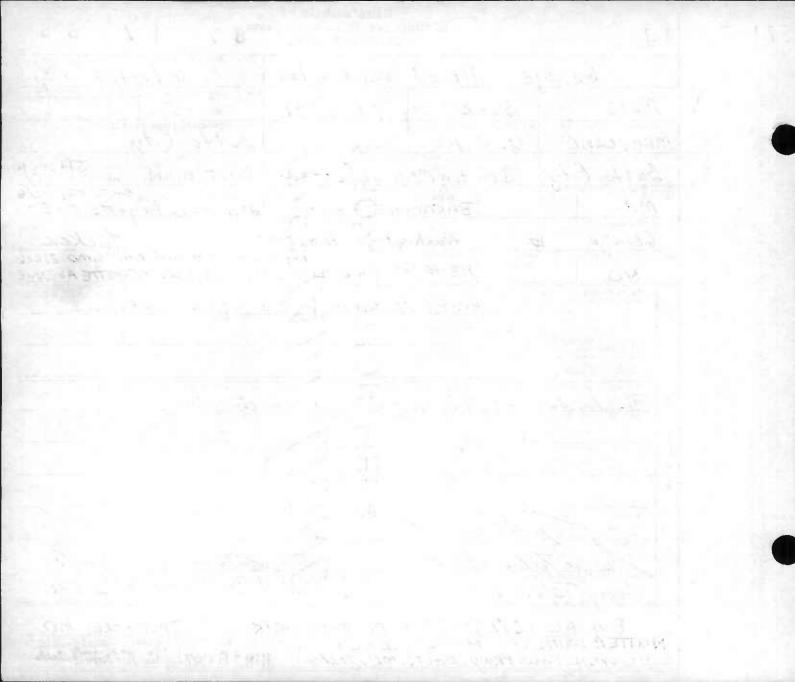
2501 GWYNNS FALLS PKWY, BALTO, MO, 21216

1 - STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours estained by the hospital or otherwising physician.

DHMH - 16 60M (VRA 15, 4)

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	STATE OF MARYLAND		and a second of
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	0 /	7 1 5 6
ECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TONN	I WARREN Waters	6	2 87 9 4
000 10		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Mare	51ach 4 29 2		
COUNTRY	MARRIED WEVER MARRIET	X	
Bathimore	Lafayette Sy DSq Cente	RET, PRINCIPA	L CITY SCHOOLS
	TY I 134 CITY OR TOWN 1134 INSIDE CITY LIM	TS? 13. STREET ADDRESS / ZIP CO	DE . / -
MUIN			swood Pd 21207
FIRST	AIDDLE LAST FIRST	. MIDDLE .	TONILC
WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT M	Y HECEN ADDRESS D	ALTIMORE, MOZIZ
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	WATERS 85215	TEVENSWOOD RO
17			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		HALOFA TH	1 2MOS.
	DUE TO, OR AS A CONSEQUENCE OF	7~	1 Uppa
Canditions, if any, which gove rise to immediate	(b) CRR WOSIS E	IF LIVER	- Jews
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION O	IVEN IN PART 1/g
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
N/H		YES NO	YES NO
OR CONTRIBUTING CAUSE OF DEAT	110110 1111 11011111 0111	CCURRED (ENTER NATURE OF INJURY IN ITEM 1	3 PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		
21d INJURY OCCURRED		CITY OR TOWN	COUNTY STATE
21d INJURY OCCURRED NOT WHILE ALL WORK	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET Why ownered the deceased from 19	CITY OR TOWN	COUNTY STATE
21d INJURY OCCURRED INDITION INDITION INDITION	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET 19 and that in (my) (aur) or		19 that (I) (last
21d INJURY OCCURRED WOT WHILE AL WORK 220.1 certify that (1) (this bosput sow the deceased alive on	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET 19 2. and that in (my) (aur) ap DEGREE	sinion death accurred on the date and h	19 that (I) (last
21d INJURY OCCURRED INDURK	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET ATTEND DEGREE ATTEND PHYSICI	pinion death accurred on the date and h	that (1) (last last auri and from the causes stated
21d INJURY OCCURRED NOT WHILE AL WORK 220.1 certify that (1) (this becaute sow the deceased alive on above. (b) (wo) (did in the source)	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET 19 and that in (my) (aur) or PHYSICI 22e ADDRESS 22e ADDRESS	pinion death accurred on the date and h	19, that (I) (last aur and from the causes stated
21d INJURY OCCURRED NOT WHILE ALWORK 220.1 certify that (1) (this hope to be deceased alive on above. (1) (this limit) 22b. SIGNATUR 22d. PHYSICIAN'S NAME (TYPE OR ALL OF AL	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET 19 21l. LOCATION STREET 19 21l. LOCATION STREET 19 21l. LOCATION STREET 19 21l. LOCATION STREET 21l. LOCATION STREET 22l. ADDRESS 22l. ADDRESS 22l. ADDRESS 23l. ADDRESS	inion death accurred on the date and he da	19, that (I) (last aur and from the causes stated
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21d INJURY OCCURRED LE NOT WHILE ALWORK 220. I certify that (I) (this base of above, (I) (this lossed alive on above, (I) (this lo	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET 19 21l LOCATION STREET 19 21l LOCATION (aur) ap DEGREE ATTENDI PHYSIC 22e ADDRESS 23t NAME OF CEMETERY OR CREMAT 6/06/87 NEW CATHEORAL	inion death accurred on the date and he discoursed on the date and he discoursed on the date and he discourse discou	19 8 7, that (I) (last auri and from the causes stated 22c. DATE SIGNED 06 02 - 87) AURI 21217 COUNTY MD, STATE
The state of the s	BIRTHPLACE (STATE OR FOREIGN) COUNTRY SALT MORE CITY OR TOWN OF DEATH ALTHORY STATE ALTHORY STATE JAL RESIDENCE (IF NURSING I DAKE OR OR STATE WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) FART I. DEATH WAS CAUSED Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATON	ECEASED NAME PE OR PRINT) ON WARREN ON THE CONTROLL OF BIRTH MONTH DAY JAMES DENCE (STATE OR FOREIGN ALTIMORE) JALLI MORE JALLI MO	RECORRIGH) WARREN WARREN DO TO DEATH MONTH WARREN S. DATE OF BIRTH MONTH DAY SIRTHPLACE (STATE OF FOREIGN COUNTRY) ALTIMORE TO COUNTRY WARRIED DIVORCED DIVORCED TO DATE OF DEATH TO DATE OF BRITCH WE DOWN SIDER ADDRESS THE TRANSPORT OF WARRIED OF WHAT COUNTRY? WARRIED OF DEATH TO DATE OF DEATH TO

The same that th 1424 - 12-12 - 12-13 AR 55 2- 24 - 54 - 54 - 1 2 - 1 2 - 12 Period Tables - 19 /- Vi Janua

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filled in by the funeral director page 3 sould be filed within 72 hours ofter death

STATE OF MARYLAND	S	TA	ATE	OF	MA	RY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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Ì		STATE REGISTRAR		DET ARTI		ICATE OF DEATH	8 /	REG. NO.	/ 1	5 /	
ſ		CEASED NAME FIRST OR PRINT)	,	MIDDLE	L	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR	
١	T. O. E.	Estell	e		Well	s	June	25	1987	10:40A M	
3. SEX 4. RACE				5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS			
female black				1 nonth	27 1962	8!	5 YRS	1	HOURS MIN.		
J		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE	CITY <u>OR</u> COUN	TY OF DEATH		
1		S.C.	US	A	WIDOWE		Baltii	more Cit	-y	MD	
ė	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC	UPATION	17b KIND	OF BUSINESS OR	
				and Gener		ospital	Disab				
	USU A 13a. S	LE RESIDENCE (IF NURSING HOME OF TATE 136 COL		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Baltimo		13d INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO Harlem	Avenue	21217	
T	I4 FA	THER'S NAME	MIDDLE	1241		15. MOTHER'S MAIDEN NA		IDDLE			
		Moses	MIDDLE	Harley		Clarice	M	ODIE	Alf	Alford	
t	16a W	AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
ı	(1	ES. NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	220-20-9	346AI	Annie Robinson	2010	HArlem A	venue		
	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT Arteriosclerot 19a DATE OF OPERATION June 15, 1987 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK 22a.1 certify that \$\frac{1}{2}\$ (this has sow the deceased alive a above, \$\frac{3}{2}\$) (we) (did) (did) 22b. SIGNATURE	DUE TO, O CONDITIONS CO CIC Cardi 198. COND BOM SUS; CHOUR A. ER) 218. TIME C HOUR A. (AT HOME STE	OVASCULAJ ITION FOR WHICH TOLO ODS TO PECTED ISO FINJURY M. MONTH DA M. OF INJURY OF INJURY OF INJURY OF ECT FACTORY OFFICE, F.	DEATH BUT T Disc OPERATIO CHEMIC CHEMIC AY YEAR 19 ARM.ETC) June 7 , or	NOT RELATED TO THE TERM PASE: Diabetes N WAS PERFORMED THE TOTAL PROPERTY OF THE TERM THE	Mellitii: 20a AUTOPS YES No RED (ENTER NATURE . to Jui deoth occurred of	STAFF	C Brain VES, WERE FIND TIFYING CAUSE YES 8 PART 1 OR PART 2) COUNTY 19 87 LOUI ond from the	SUNTROM INGS USED IS OF DEATH? NO STATE	
1		AUSEL K.	Sand	erson	MD	PHYSICIAN L 22e ADDRESS C/O Mary] DIRECTOR [spital	7/0/	
1		URIAL, CREMATION, REMOVA	L 23b DATE			EMETERY OR CREMATORY	23d LOCATIO		COUNTY	STATE	

Nat Memorial

Park

DHMH - 16 60M 7/84

the buriof-tronsit permit. The ond Mentol Hygiene prior to

should be detoched for use os with the Stote Dept. of Health IMPORTANT: If Hem 21 is

morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has bee

24 FUNERAL DIRECTOR (VRA 15, 4)

FOR

March F/H West

Burial

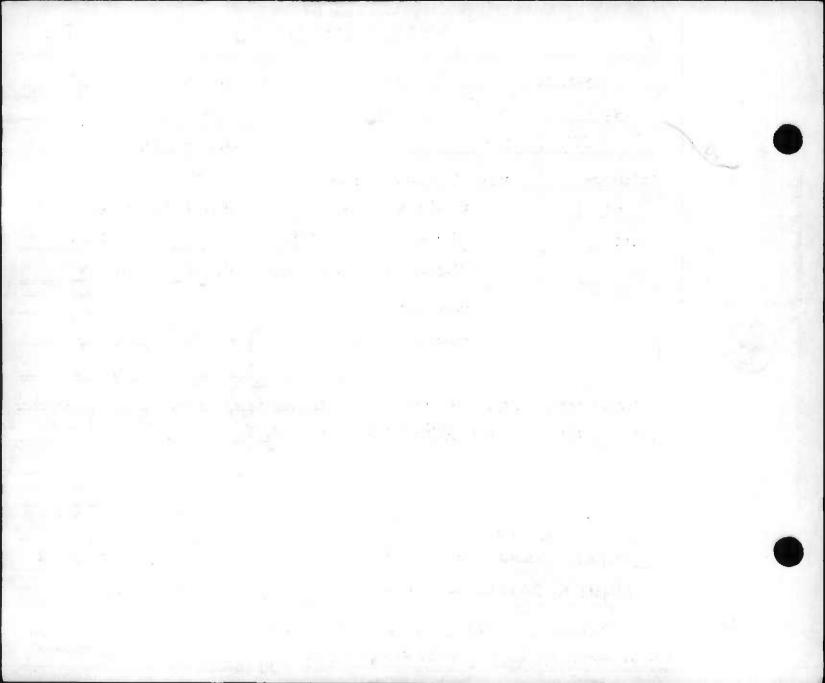
4300° WABASH AVENUE

6/29/87

Laurel

COUNTY STATE Md

BY REGISTRAR 256 RECKTRAR'S SIGNATURE



190002	1 -	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYO ICATE OF DEATH	B Balais	REG. NO		7	5 8	3
((TYPE	ORPRINT) J. DOF	OTHY	B	AIDDLE	V	VEST	TU	ne d	13,	1984	7.20	PM
oge 4 mc ector. p	3. SEX	Female	4. 1	Whit	e	5. DATE C	PERINT 1/13/9	,	YEARS LAST BIRT	YRS	MONIHS DAYS		24 HRS MIN.
death. Po		RTHPLACE (STATE OR FOR		U.S.		MARRIEI WIDOWE	DIVORCED [ORE CITY O				MD.
ts after of the live in heithed with	1/	ALTIMORE CI	TY		OSPITAL, NURSIN HEACHITY GIVE STREET GNES HOS		OR OTHER INSTITUTION	LITYPE OF WO	LOCCUPATION FOR MOST OF	F WORKING HE	126 KIND INDUSTRY Otel	OF BUSINES	
AND 212	USUA 13a. S	TATE Md.	HOME OR OTH COUNTY HOWAI	rd	SIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?		ADDRESS /		VAY 210	43	
MARYL,	2	THER'S NAME FIRST Francis		Die 1	Brown		15. MOTHER'S MAIDEN NA Ellen		MIDDLE		Snyd	ast e r	
be executed be executed to and come to angent and to angent angent and to angent and to angent and to angent and to angent angent and to angent angent and to angent and to angent and to angent and to angent angent angent and to angent angent and to angent angent angent angent and to angent angen		VAS DECEASED EVER IN ES, NO OR UNKNOWN)	U.S. ARME IF YES, GIVE W		213-34.		17 INFORMANT Daug 2409 Harb				tonsi	ville	Md.
201 W. PRESTON ST., B. ss that the death certifical ted by the after ding print please remove carram and rich, cremorian, or empha- rich, cremorian, or empha- rich, cremorian, or empha- rich, cremorian, or empha-		Conditions, if any, v gove rise to imme- couse (a), stating underlying couse	which (diote the lost	DUE TO, OI DUE TO, OI (b) DUE TO, OI	Extens RAS A CONSEQUI RAS A CONSEQUI	ENCE OF	Myocandi nortic s	sten	ntorc osi)	1228.	n an		
ORDS,	CATION	PART 2 OTHER SIGNIF	2-7	trac	t int	ecti	NOT RELATED TO THE TERM " N WAS PERFORMED		TOPSY?		EN IN PART 1		
VITAL REC	CERTIFIC					0.21		YES 🗌	мох	IN CERTIF	YING CAUSE	S OF DEATH	H?
ION OF HYSICIA Inding pi his certif buriol-t Mental	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE	JSE OF DEATH EXAMINER)	P.	M. MONTH D M. DFINJURY	19	211 LOCATION	RRED (ENTER	CITY OR TO		COUNTY		TATE
DIVISION PENDING PHYS of ar ottending Ouse as the bur Health and Me is morked or it	W	WHILE NOT WHILE AT WORK 220.1 certify that (1) (the	his haspital		eer Factory, OFFICE, I	6/	2/	7, to_	6/2	2.3	19 87	, that (It (w	ve) lost
OR ATTI he hospit DIRECTO Coched for Bopt. of		sow the deceosed above, (1) (we) (did 70 GNATUR) 22d PHYSICIAN'S NAM) (did not) v	1re	ofter death.		DEGREE ATTENDING PHYSICIAN [122e ADDRESS	MEDICA		EF		E SIGNED	87
TO HOSPITAL TO FUNERAL should be der with the Stote	22- 6	Paul	C 1	inc	, M.K.	7.	St Agne	y Ho	SATION.				

22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE DATE 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY Cremation 6/24/87 Catonsville, Maryland Westview Mem. Park 736 Lamondson Ave.; Catonsville, Md. 21228 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

1959 Elmit Wes 75 1000 Delitera L. I ... estration

in 72 hours ofter death

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millicate be executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	7	1	5	3
	REG. NO.					

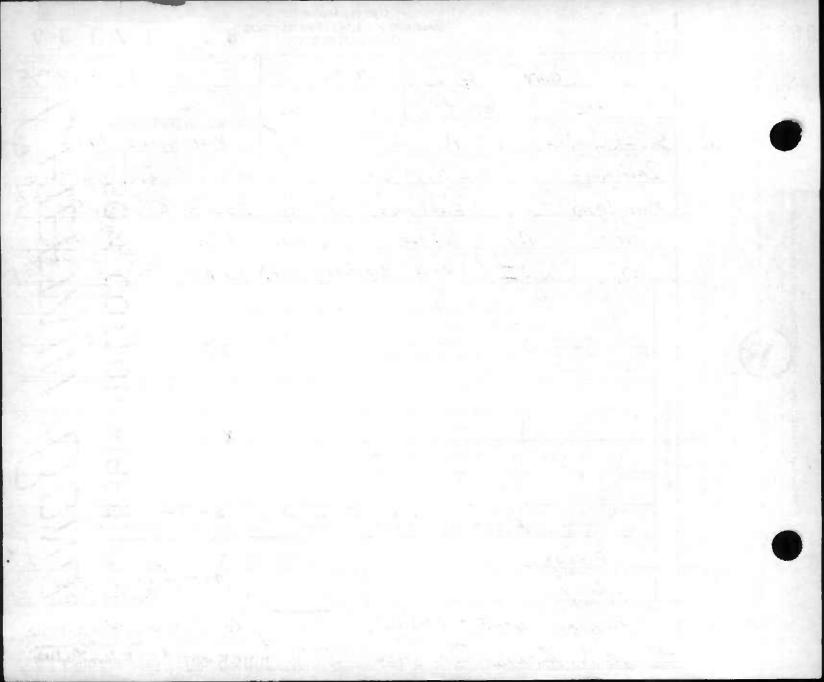
17	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	BIENE 8 7	7 1 5 9
	CEASED NAME FIRST	MIDDLE	White	20. DATE OF DEATH MONTH	22-87 9 40 AM
3. SE	MALE	white me	TE OF BIRTH ONTH DAY YEAR U 21 22	6. AGE (IN YEARS LAST BIRTHDAY) 6. 4 YRS	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
15	SUTE CAROLINA	U. S. A - WIDO	RRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
/	Baltimore	. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETIRED TRUCK)	
130.	STATE 13b. COUNTY		13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CON	Nton St.
	JAWES /	of FORCES? 166, SOCIAL SECURITY NO	CLARA	Elle	Justice
	(YES, NO OR UNKNOWN) (IF YES, GIVE W	250 - 16 - 9Z	-16 1 1	h Chase 2	1224 5
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED ENTER OF IMMEDIATE (Fallure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH E	F		
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA		20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO.000} \)
MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 1	AR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	8 PART I OR PART ?}
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	220.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not) v	6-22 1987		deoth occurred on the date and h	_, 19, that (I) (we) loour and from the couses stated
	226. SIGNATURE DROTTE		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	6-22-87
	224. PHYSICIAN'S NAME OF OR PR	žINT)	72e ADDRESS F. 5. [C.	14.C. 49 40 EAS	tery Aug. 212
	(SPECIFY) BURIAL	236. DATE 236. NAME O	teens Ceneter	23d. LOCATION CITY OF TOWN CHERISON,	MARY/AND
24 F	UNERAL DIRECTOR SCOK N. ZA	JADORESS 2/22	4 Sta 250 DA)	REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR. After this certificate has been signe should be detached for use as the bursal fromst permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

TO HOSPITAL OF ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.



158431 JUL	3 8	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	7 6 0	
e # #		CEASED NAME FIRST OR PRINT)	anna B	LAST	20 DATE OF DEATH MONTH D	20 1100K	
dec dec	2 000	Joha	4 RACE	White S. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS	
ge 4 may be ectar, page 3 rs ofter death	3. SE	Female	White	6 20 1915		ONTHS DAYS HOURS MIN.	
Pour Pour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
25 25 th		ittsburg, MD	U.S.A.	WIDOWED DIVORCED	Baltimore City	MD.	
by the for filed withing the	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Union Memorial	G HOME OR OTHER INSTITUTION ADDRESS) L Hospital	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR HOmemaker INDUSTRY		
AND 212 in 24 hou filled in hould be r must be	13a. S Ma	aryland Balt	other institution, give residence before NTY 136. CITY OR TOW Baltime	n 134 Inside City Limits?	13e STREET ADDRESS / ZIP CODE 3736 Hickory Av	re. 21211	
MARYL ted withi ampletely ond 2 s)	Charles Frederi		15. MOTHER'S MAIDEN NA Mary	Julia	Carbaugh	
MORE, n and c		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES		ADDRESS		
Po on o	L.		218-03-62	213 Thomas A.	White 3736 Hickory		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' effection of the control of the contro		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	Ily one couse per line for (a), (b), one D BY: FE CAUSE (b) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	INCE OF	CANCER CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH L month	
ECORDS, 20 Dow requires been signe mit. Then pl prior to burry, 0	CERTIFICATION	PART 2 OTHER SIGNIFICANT	Brain met	DEATH BUT NOT RELATED TO THE TER/	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED	
no be how	IFIC				YES NOW YES	ING CAUSES OF DEATH?	
VISION OF VITAL R 3 PHYSICIAN: The la riterding physician. 8 this certificate has the burial-transit pe and Mental Hygiene ced or item 18 shows	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	21c. HOW INJURY OCCUP			
DING PHYSICIA or ottending pi After this certifies on the buriol-ti icity and Mental marked or Item	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
TTEND: prital or ITEND: A for use of Heal			tol) attended the deceased from	and that in (my) (our) opinion	death occurred on the date and hour	9 3 , that (I) (we) last and from the causes stated	
PITAL OR AT by the hosp ERAL DIREC e detoched to Stote Dept.		276 SIGNATURE W.	mille my	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/29/87	
HOS bined FUN buld b		Patrice W. M.	iller, M.D.	22e ADDRESS Union Memo	rial Hospital		
δ § 5 € ₹ ₹ ₹		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION		
BP		Burial	July 3,1987 S	t. Anthony's Shrin	ne Emittsburg, Ma	ryland	

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home 3631 Falls Rd. (VRA 15, 4)

JUL UN 1997 BEL DESCRIPTION OF

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

3. SEX

REGISTRAR 1. DECEASED N

FIRST

MIDDLE

STA	TE	OF	MA	RYL.	AND

5. DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

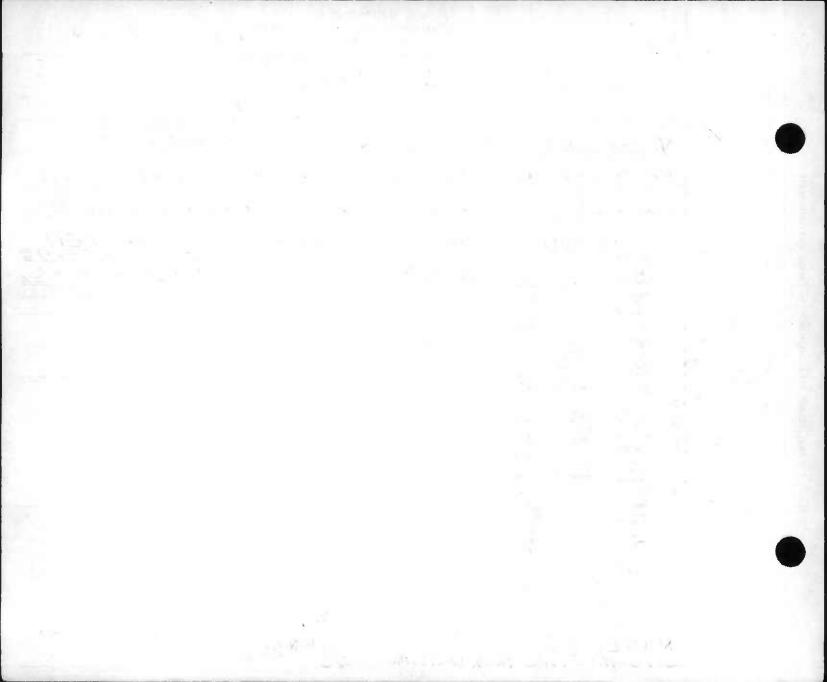
MONTH

26 HOUR

2a DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

J. 3E	Female	B (ach	2 /	4. 1896	91	MONTHS	DAYS HOURS MIN.
70. BI	RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		EATH
Λ	1. CAROLINA	U. S.A.	WIDOWED WIDOWED	DIVORCED	BALTII	MORE	CITY MD.
10. CI	BALTIMORE :	NAME OF HOSPITAL, NURSING BON SECOL		ERINSTITUTION HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOSTO) TO	ON 126 WORKING LIFE) INT ACHER E	NIND OF BUSINESS OR DUSTRY SELF
13a. S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY		13d. IN	SIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE BA	AVE. 21215
	ATHER'S NAME		15. MC	OTHER'S MAIDEN NAM	ΛE	, ,	
	UNKNOWN	UNKN		SARAH	WIDDLE	GO	DLOEN
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W			ENDON W			MO. 2/2/5 ITON AVE,
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	BY: CANALOTE	al mon	cany as	rest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	sclower	ic Cardi	ovoseulos,	Oisoss.	
CATION	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DE			200 AUTOPSY?	20b. IF YES, WER	E FINDINGS USED
TIFICATION						20b. IF YES, WER	
CAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	196 CONDITION FOR WHICH C 216. TIME OF INJURY HOUR A.M. MONTH DAY	OPERATION WAS	D PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH? NO []
MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	YEAR 19 21f. Li	D PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES T	E FINDINGS USED CAUSES OF DEATH? NO []
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this haspital saw the deceased alive an	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	YEAR 19 21c. F	OCATION SIREET	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUS	20b. IF YES, WER IN CERTIFYING YES THE YIN TEM 18 PART LOW	EFINDINGS USED CAUSES OF DEATH? NO DUNITY STATE , that (h) (we) last
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WMILE AT WORK AT WORK 220.1 certify that (1) (this haspital	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	YEAR 19 21c. F	OCATION SIREET 19 in (my) (aur) opinion of	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WER IN CERTIFYING YES 1 YINITEM 18 PART 1 OI WN CC	EFINDINGS USED CAUSES OF DEATH? NO DUNITY STATE , that (h) (we) last
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not) w	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	YEAR 19 21f. Li 2m. Etc.) 21f. Li DEGRE	OCATION SIREET 19 in (my) (aur) opinion of	200 AUTOPSY? YES NO CITY OR TO CITY OR TO	20b. IF YES, WER IN CERTIFYING YES 1 YINITEM 18 PART 1 OI WN CC	PEFINDINGS USED CAUSES OF DEATH? NO DUNITY STATE that (h) (we) last from the causes stated
WEDICAL MEDICAL	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not) v 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FAF view the bady after death.	YEAR 19 21f. E	OCATION SIREET in (my) (aur) opinion of ATTENDING PHYSICIAN—1	200 AUTOPSY? YES NO CITY OR TO CITY OR TO	20b. IF YES, WER IN CERTIFYING YES 1 YINITEM 18 PART 1 OI WN CC	DUNTY STATE . that (I) (we) last from the causes stated 2. DATE SIGNED
WEDICAL MEDICAL	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did not) v 22b. SIGNATURE 304 JHH SELIAN AME THE DEATH OF TH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FAR iew the bady after death. 23c NA 6/25/87 BAL ERAL HOME	YEAR 19 21f. L. AME OF CEMETE	OCATION SIREET in (my) (aur) opinion of PHYSICIAN— ADDRESS RY OR CREMATORY NATIONAL C JUN 93	200 AUTOPSY? YES NO CITYOR TO: CITYOR TO: death accurred an the do DIRECTOR PHYSIC 23d LOCATION 23d LOCATION BACTIMO	20b. IF YES, WER IN CERTIFYING YES YINITEM 18 PART 1 OF THE ART 1 OF	DUNTY STATE . that (h (we) last trom the causes stated 26. DATE SIGNED



	STA	TE (OF M	ARYL	AND		
MENT	OF	HE/	LTH	AND	MENT	AL	HYGIEN

8	REG. NO.	1	1	Í	6	La
Ö	REG. NO.	1	/	i	6	

				STATE OF MARYLAND			
311	+G	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL	HYGIENE 8 7	17	1 6 2
		REGISTRAR		CERTIFICATE OF DEATH	REG.	NO.	1 0 4
		ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		EAR 2b HOUR
		Bern	and	Whiters		6 4 8	7 1 11 A
	3. SI	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST		TYEAR IF UNDER 24 HE
	-	M	BIK	2 11 31	56	YRS.	DATS HOURS MI
	7a. 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	гн
-		ALTO., MD.	U.S.A.	WIDOWED DIVORCED	- Balti	cary	,
Ī	4	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NE (IF NOT IN SUCH FACILITY, GIVE:	IRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPA		IND OF BUSINESS
į	all .	ALTO.	3314 TNGT	ESIDE AVE		G&E. CO	SIRT
	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)			
	3	MD.	INTY BALT	YES NO		GLESIDE A	VE. 21
Ī	14.F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	INAME	JUNGTUR A	
The same	1	RAYMOND WH		T.TI.I.TE	M. WHITER	C	LAST
		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL	SECURITY NO. 17 INFORMANT		RESS	
1		YES WW	TT 007 3	A AETO THON WHITE	mmp.c 2214	TNOT DOTED	7777
	F	T	only one couse per line for (a), (b	4 4518 LUCY WHI	TERS 3314	INGLES IDE	PPROXIMATE INTERVAL WEEN ONSET AND DEAT
		PART I. DEATH WAS CAUS	ED BY:		metastas	16 2	WEEN ONSET AND BEAT
		IMMEDIA	ATE CAUSE (0) POUNCE	the of the second	- nelanios	2	gens
	1		DUE TO, OR AS A CONS	EQUENCE OF			0
		Conditions, if any, which gave rise to immediate	(b)				
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF			
			(c)				
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CO	NDITION GIVEN IN PAR	RT Iro
-	CERTIFICATION						
	N S	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
1	1 2				YES NO	YES	NO 🗌
-		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	CURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR PAR	RT 2)
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	A. C.	19			
1	E	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR	TOWN COUNT	ty STATE
	Σ	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC) SINCE	CHYON	COUNT	STATE
			pital) attended the deceased fr	om19	to	10	, that (I) (we) la
		/		9, and that in (my) (our) apin			
	1	77h SIGNATURE	of view the body offer death.	DEGREE			DATE SIGNED
			£00		G MEDICAL ST		I A I 9 1
	-	22d. PHYSICIAN'S NAME (TYPE	OWA		MEDICAL ST N DIRECTOR PHYS	ICIAN 🗌 💆	1 4 0 1
1		Q.	OR PRING	27e ADDRESS		. 00	
		Cli2AGETH	LOGERS, M		none VAMO	died Cest	tel
	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	230 NAME OF CEMETERY OR CREMATO	RY 23d LOCATION		
		BURIAL	6/8/87	GARRISON FORES		S MILL, MI	D. STATE
	24 F	UNERAL DIRECTOR			DATE REC'D. BY REGISTRA		

DHMH - 16 60M 7/84

(VRA 15, 4)

JUN 5 John Dendern Kondalle

LEROY O. DYETT 4600 LIBERTY HEIGHTS

completely filled in by the funeral director, page 3 moy be within 24 hours ofter death. Page 4 executed TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal. pe certificate requires that the death No ar ottending physician. OR ATTENDING PHYSICIAN: The

FOR

- STATE

....

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

IÈNE	7	REG. N	10.	7	1	6	3
2a. DA	TE OF UNI	DEATH	MONTH	987 ^{DAY}	YEAR	2ь	49

REGISTRAR		CERTIFI	ICAIL OI L		REG. N	O.		4
DECEASED NAME JOHN	M.	WII	KE		JUNE 8,	1987	AY YEAR	7:40F
Male	4. RACE White	5. DATE (OF BIRTH	36	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIE WIDOW	ED NEVER /	MARRIED	Baltimore city of Baltimore	_	OF DEATH	MD
CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GN Church Hos]	e street adoress)		TITUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST O ASSEMBLYMA	ON)F WORKING LIFE) N	126. KIND OF INDUSTRY Can	F BUSINESS OR
Maryland	UNTY 13c_CITY C		13d. INSIDE C	NO 🗌	130.STREET ADDRESS 2536 E. Fa	/ ZIP CODE yette	Street	21224
FATHER'S NAME Henry	MIDOLE Wil	ke	Geo	s MAIDEN NA/ FIRST Orgeann	a MIDDLE		Shank	
WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C		32-1040	Henry	Wilke,	Jr., 7910 Balti	Kavana more,	gh Road Md. 212	d 222
	DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTIN	NG TO DEATH BUT			INAL DISEASE OR CON		N IN PART 110	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR	WHICH OPERATIO			YES NO	IN CERTIFY YES	ING CAUSES	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF G (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		19	21t. HOW IN	ON	RED (ENTER NATURE OF INJU		COUNTY	STATE
22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did	pitol) attended the deceased on TUNE 8		nd that in (my)		, to _JUNE 8 death occurred on the d		ond from the c	
226. SIGNATURE	na no	uppal	_		MEDICAL STA	CIAN	22c. DATE S	
22d PHYSICIAN'S NAME (TYPE BEENA NA			22e. ADDRES		RCH HOSPI OADWAY BA			
BURIAL, CREMATION, REMOVA (SPECIES) Burial	236 DATE 6-12-87	Westvie	CEMETERY OR .		23d LOCATION CITY OF TOWN Baltimos	re Ba	ltimor	e Md.

retoined by the haspital TO HOSPITAL

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

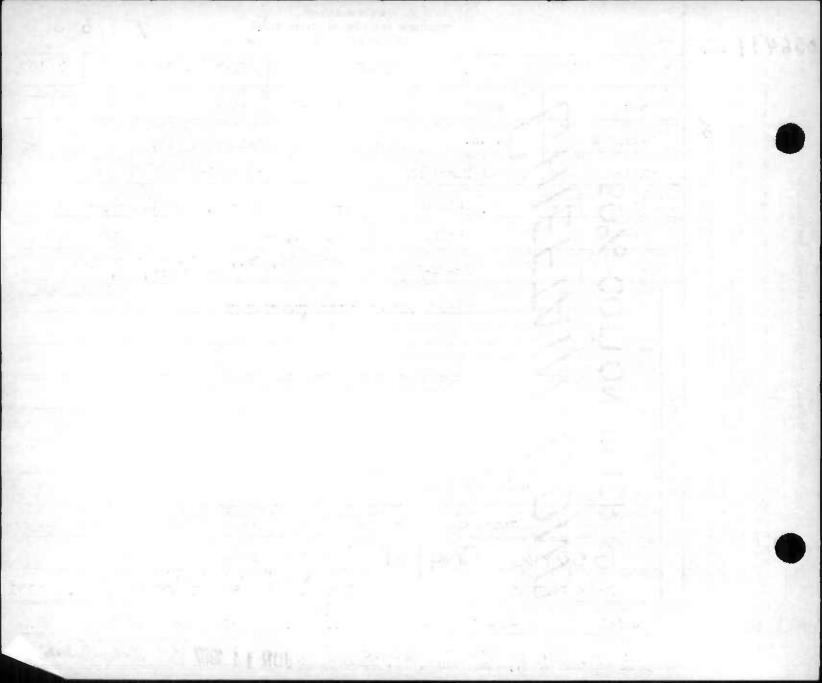
24 FUNERAL DIRECTOR Ann S. Matthews Matthews Füneral Home Ave. Baltimore, Md. 21224

Baltimore

Baltimore

Md.

BY REGISTRAR 256 REGISTRAR'S SIGNIATURE Divider Randally Lilia 1987



38485 JUL - BLAFOR REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	KEOIOTKAK					REG.	NO.		- i	
	CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
	CLAMO	NCE	М.	W	ILKERSON	JUNE	29,	1987	05:50	
1 SE	X	4_RACE		5. DATE C		6 AGE (IN YEARS LAST	URTHDAY}	MONTHS DAYS	IF UNDER 24 HRS	
	Female	Whi	te		ary 10,1918		69 YRS.			
Ja. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
	Maryland	United	States	WIDOWE		BALT	IMORE	CITY	MD.	
1	ITY OR TOWN OF DEATH BALTIMORE	(15 NOT IN SUC	HEACHITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOS	OF WORKING LIE		F BUSINESS OR	
	BALTIMORE JOHNS HOPKINS HOSPITAL Homemaker MOUNT RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)									
3a.	136. STATE 136 COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AL				Rt.1 Box		E	21750		
14. F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAS	7	
1	Edwin W	allace	Murra	y	Mary	Gertr	ude	Во	oth	
	WAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU	URITY NO.	17_INFORMANT	ADD	RESS			
	(YES, NO OR UNKNOWN) (IF YES, GI	TE WAR OR DATES	236 44 2	2553	Bertram O.W	Vilkerson	Same	e as 13		
	18 CAUSE OF DEATH Enter o	nly one cause per	line for (a), (b), ar	nd (c).)				BETWEEN	MATE INTERVAL DNSET AND DEATH	
1	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a)	CARDIO	PULM	OVAKY A	KREST		5 m	Funtes	
Conditions, if any, which (16) Hepatic Encephalopathy									Iweek	
	gove rise to immediate couse (a), stating the underlying cause lost.		RAS A CONSEQU		F THE L	VER		170	1 year	
NO	PART 2. OTHER SIGNIFICANT	1 -	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIV	EN IN PART 110		
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN FYING CAUSES		
	?)a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER, NOTIFY MEDICAL EXAMINE	AIH	PFINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART T OR PART 2)		
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR	IOWN.	COUNTY	STATE	
Z	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	SINEE!	- (1.		4	317.12	
	22a.1 certify that (I) (this hasp	ital) attended th	e deceased fram_	6/7	19.0	7 10 6/2	9	19 07	that (I) (we) last	
	saw the deceased alive ar obove, (I) (we) (did) (did no	ot) view the hody	after death	\$7', or	nd that in (my) (aur) apiniar	death accurred an the	date and hav	or and from the	causes stated	
	22b. SIGNATURE		1		DEGREE			220 DATE	SIGNED	
	Howard	RM	erry	1	UD ATTENDING PHYSICIAN	MEDICAL ST □ DIRECTOR □ PHYS	AFF ICIAN	6/2	9/87	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	0		22e ADDRESS	. 1			_	
	HOWARD	RN	NERT	2	Tower 1	HHE OI	600	N Wol	te St.	
23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23€.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	Buria]	7/2/19	987 Un	ion Me	emorial	McConnel	sburg	Fulton	Penna.	

DHMH - 16 60M 7/B4

should be detoched for use as the buriol-transit per with the State Dept. of Heolth and Mental Hygiene. IMPORTANT: If Item 21 is morked or Item 18 sho

TO FUNERAL DIRECTOR: After etoined by the hospital or

TO HOSPITAL

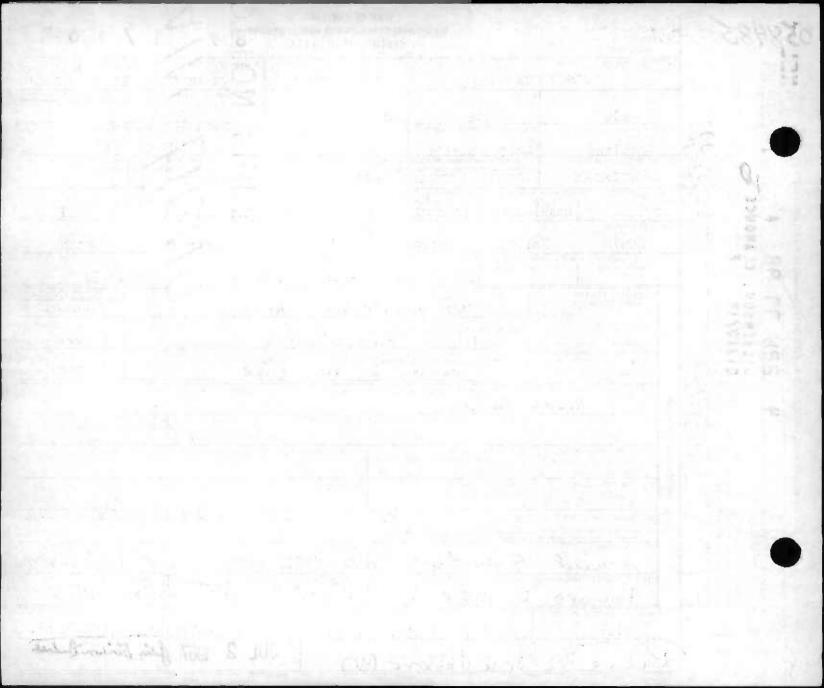
(VRA 15, 4)

Union Memorial

ADDRESS ANCOCK

McConnellsburg Fulton, Penna.

250. Dallere C'D & REGISTER 255 / EG STRA S S GNAT



pletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours offer death

1	1.	FOR STATE	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENES 7	4.00000	7 1	6 5			
2	: 37	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.		4			
		EASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR			
	(14bF	ORPRINT) CLEVELAI	VD (I	WITKE	<i>NS</i>)WILKINS	June 22, 1	987		10:29pm			
	3 SE)		RACE	5. DATE C	C DIDTH	6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS			
		Male	Black	12	19 21	65	YRS	MONTHS DAYS	HOURS MIN.			
3	70. BII	RTHPLACE (STATE OR FOREIGN 76.	USA	MARRIE WIDOWE	D NEVER MARRIED	Baltimore CITY O		OFDEATH	MD			
8			. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Maryland Genera	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired	ON							
5	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR OTH TATE MD			13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 108 N. Sm			21223			
0	14. FA	THER'S NAME WESTEY	Wilkins	15. MOTHER'S MAIDEN NA/	WIDDLE		Tucker∵	AST				
1	160 W	VAS DECEASED EVER IN U.S. ARME ES NO OR UNKNOWN) (IF YES GIVE W										
		Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	CERTIFICATION	PART 2 OTHER SIGNIFICANT COI	EN IN PART 1	INGS USED								
9	Ĭ					YES NO		S [NO [
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE			
		220.1 certify that (this haspital) saw the deceased alive an above, (HYwe) (did) (dig 501) v		37	nd that in (X y) (aur) apinian	. 10	22, ate and hou					
		22b. SIGNATURE Charles	may Chen.	ms.	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DAT	E SIGNED			
1		22d. PHYSICIAN'S NAME ITHE DATE			c/o Maryland	d Conoral U	oeni+:	⇒ 1				
7		CHU-HUA	NO CHEN		C/O Margiani	u General H	OSPICE	2.1				

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate

24 FUNERAL DIRECTOR Wm. C. March F/H (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

236 DATE 6/27/87

West 4300 Wabash Avenue

Blackstone

 VA^{State}

23c. NAME OF CEMETERY OR CREMATORY Church Cemetery BY REGISTRAR 256: REGISTRAR'S SIGNATURE



3

requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

ly filled in by the funeral director, page 3 should be filed within 72 hours ofter death

STATE OF MARYLAND

8	REG. N	10.	1	7	1	6	6
ATE OF DE	4 711		-	D 44	WE . D	Tat	-

FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 7	17166				
1. DECEASED NAME FIRST	WIDDIE		LAST	REG. NO. 20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR				
(TYPE OR PRINT)					76. HOUR				
DAVID	4. RACE		CIAMS OF BIRTH	JUNE 5, 1987	2:35 &M				
MALE		MONT			MONTHS DAYS HOURS MIN.				
7a. BIRTHPLACE (STATE OR FOREIGN	BLACK	5		66	YRS.				
COUNTRY		MARRIE	ED X XEVER MARRIED	9 BALTIMORE CITY OR CO	JONIY OF DEATH				
NORTH CAROLI		WIDOW	OR OTHER INSTITUTION	BALTIMORE 126. USUAL OCCUPATION	CITY MD. 12b. KIND OF BUSINESS OR				
BALTIMORE	(IF NOT IN SUCH FACILITY, MARYLAND G	GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WOR					
USUAL RESIDENCE (IF NURSING HOME 13a, STATE 13b, CO	OR OTHER INSTITUTION, GIVE RESID			13e.STREET_ADDRESS / ZIP	21217				
MARYLAND	BAL	TIMORE	YES XX NO	717 DRUID	PARK LAKE DRIV				
14. FATHER'S NAME	WIDDLE	1.000	15. MOTHER'S MAIDEN NA	ME					
FRENCH	WIL	LIAMS	HERM	IE WIDDLE	HARTFIELD				
160. WAS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17 INFORMANT	ADDRESS					
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)		CHART						
18 CAUSE OF DEATH (Enter	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).)								
PART I. DEATH WAS CAU	SED BY:		rdial Infarct	ion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
IMMEDI			UULAI IIIIAICE	10n					
Conditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF							
gave rise to immediate	(b)								
couse (a), stating the underlying couse lost.									
PART 2 OTHER SIGNIFICAN	ON GIVEN IN PAPT 1(a)								
	CONDITIONS CONTRIBO	TING TO DEATH BOT	THO RELATED TO THE TERM	MINAL DISEASE OR CONDING	NA GIVEN IN PART 110				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED		. IF YES, WERE FINDINGS USED				
E				YES NOT	CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I					
On CONTROLLEMAN CALLES OF	PEAIR	ONTH DAY YEAR							
(IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CONTRIBUTION OF CONTRIB	P.M. 21e. PLACE OF INJU	19 RY	211 LOCATION						
	(AT HOME, STREET, FACTO		STREET	CITY OR TOWN	COUNTY STATE				
220.1 certify that (\$\forall (this has	nital) attanded the decou	sed from June	2 4, 10 87	_{to} June 5	10 87 that X (we) last				
	on June 5.	,		, 10	and hour and from the causes stated				
obove, (A (we) (did) (did)	not) yiew the body ofter de	oth.	DEGREE		22c DATE SIGNED				
(1) A.	12/	m	ATTENDING _	MEDICAL STAFF	THE DATE SIGNED				
224 PHYSICIAN SMAME UV	1 Hygon	101-0	PHYSICIAN [DIRECTOR PHYSICIAN	8 10-3-8/				
	. //	1 m n		GENERAL HOSP	TTAT.				
CHKISTOPHER	MOGAN!	11/1 N.							
230. BURIAL, CREMATION, REMOVA	AL 236. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE				
BURIAL	6-10-87	GARRIS		ET OWING MII	LIS MARYLAND				
24 FUNERAL DIRECTOR			Ba. DAT	EREC D. BY REGISTRAR 256. I	REGISTRAR'S SIGNATHRE				

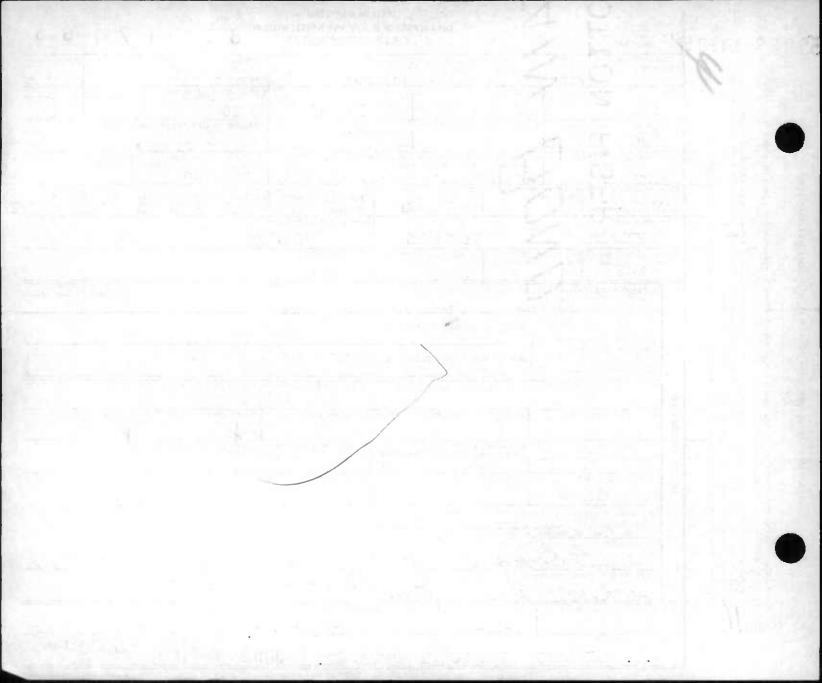
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and Should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical

1721 NORTH MONROE ST. E.L. PHILLIPS

JUN8

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	3	
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be execute	retained by the hospital or attending physician.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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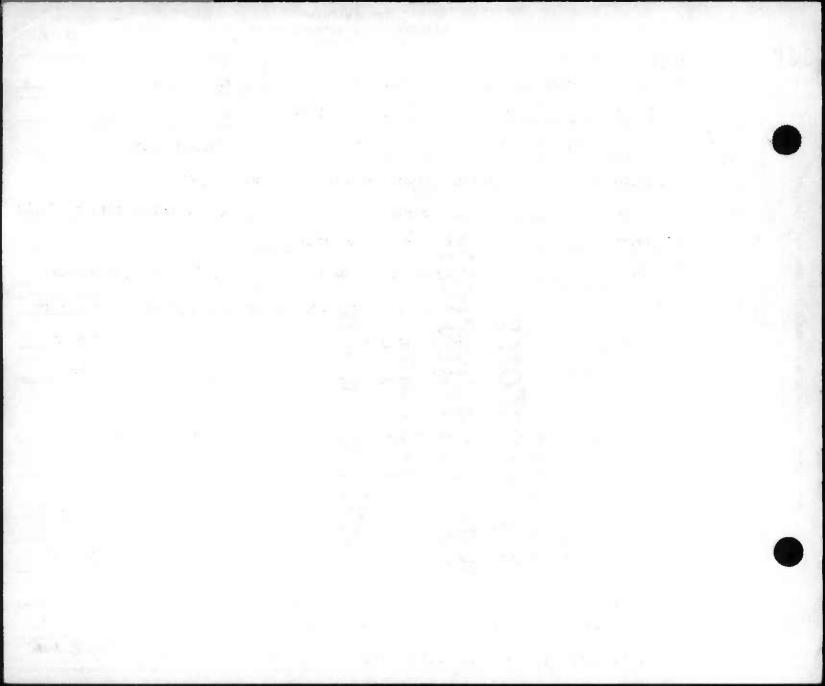
	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			0 /	
UN		CEASED NAME FIRST	MID	DDLE	l	LAST	26. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
	,	Della			Will	iams	June 8,	1987		6:44 1	
	3 SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS	
		female	black		8 8	14 1894	92	YRS	IN INS	HOURS MIN.	
10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WE	HAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		F DEATH		
1		Ga	USA	4	WIDOWE		Baltimoı	e Citu	1	M	
28		TY OR TOWN OF DEATH	(IF NOT IN SUCH F	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HIS SUCH FACILITY, GIVE STREET ADDRESS! Maryland General		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Unemployed	NC		ND OF BUSINESS OR	
2 6	USU/	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GI		E AOMISSION)		13e STREET ADDRESS /	ZIP CODE Biddle	Stree	t 2121	
50	14. FATHER'S NAME		MIDOLE	McLendo		Willie.	ME		LAST		
	16a V	VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS			
000	()	VES. 198 UNKNOWN) (IF YES, GI	VE WAR OR DATES)	212-56-2	670	John Wilburn	3617 M	anches	ter Av	enue	
		18 CAUSE OF DEATH (Enter or	nly one couse per lin	ne for (a), (b), on	d (c+.)				APPROXI	MATE INTERVAL	
		PART I. DEATH WAS CAUSE	ED DV			nfarction vs.	Pulmonary I	Embolus		1/2 hrs	
, and an		Conditions, if any, which gove rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR A	Renal F AS A CONSEOU Sepsis	ence of		INAL DISEASE OR CONE	OITION GIVEN	4_0	days days	
	TION										
2	RTIFICATION	190 DATE OF OPERATION 6/5/87		on for which orated V		N WAS PERFORMED	200 AUTOPŠY? YES □ NO 🎚	WERE FINDINGS USED ING CAUSES OF DEATH?			
9	U	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	INJURY MONTH D	AY YEAR	21c. HOW INJURY OCCUR	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA				
Jo Day	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	F INJURY T FACTORY OFFICE F	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
- III 61 1 7 II		220.1 certify that [X] (this hasp saw the deceased alive or above, (X) (we) (did) (X) (X)			87 . 01	nd that in (nXXour) opinion	to <u>June</u> deoth occurred on the do	8, 19 ite and hour o	and from the		
9		22b. SIGNATURE	Sander	son 1	240	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FIANDE	6/9	SIGNED 7	
		o igster.				TITISICIAIT		The Market			
		224 PHYSICIAN'S NAME (TYPE	orprint) Sander	>0 N		22e ADDRESS	and General		tal		
	23a. E	224 PHYSICIAN'S NAME (TYPE	Sander	23c. 1		22e ADDRESS		Hospi	tal_	^{S1} Md	

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

Wm . C. March F/H West 4300 Wabash Avenue

Sulla Scorder Kandall



requires that the

PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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executed within 24 haurs after death. Page 4 may be

completely filled in by the funeral director, p

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STATE OF MARYLAND

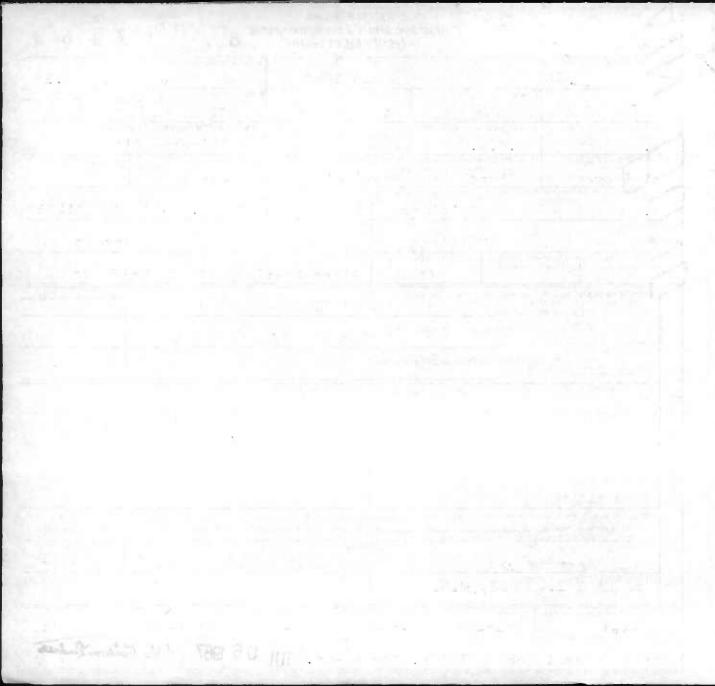
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1.	FOR STATE REGISTRAR		DEPARTM	CERTIFICATE OF DEATH 8 REG NO 7 1 5 8								
	CEASED NAME FIRST	A	AIDDLE		LAST	20. DATE OF DE	ATH MONTH	DAY	YE AR	26 HOL		
(1199)	DORO	THY		V	VILLIAMS		06	28	87	6:	14 ^A	
3. SE	X	4. RACE			OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)		DERIYEAR	IF UNDER	R 24 HRS	
	FEMALE	BLACI	7	MONI 4	H DAY YEAR	78		RS.	DAYS	HOURS	MIN.	
7a. Bl	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?				ITY OR COL		EATH	-		
	a.	U.S.A					more	Cit			MD.	
10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCC	UPATION	121	b. KIND C	OF BUSIN		
	altimore	Chur	ch Home	Hos		Omes	MOST OF WORK	ING LIFE) IN	IDUSTRY			
13a. S	d	NE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimo	N	13d INSIDE CITY LIMITS?	13e STREET ADDI	RESS / ZIP (CODE lfe S	St	212	31	
	Ohn	WIDDIE	illiam s		Maggie		DDLE	Lawı	renc			
16a. V	WAS DECEASED EVER IN U.S.		16b. SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDRESS					
Ŋ		S, GIVE WAR OR DATES)	N/A		Alice Fraz	zier 1	16 N.	Wol		St		
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
NOI	couse (o), stating the underlying couse last	(c)	NTRIBUTING TO D		TNOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	4 GIVEN IN	PART II	o		
CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	FOR WHICH OPERATION WAS PERFORMED					WERE FINDINGS USED ING CAUSES OF DEATH?			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE)	OF INJURY IN ITE	M 18 PART I O	R PART 2)			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C		RM, ETC)	21f. LOCATION STREET	CIT	Y OR TOWN	C	OUNTY		STATE	
	22a. I certify that (1) (this his sow the deceased alive above (1) (we) (did) (did	on	19	, 0	nd that in (my) (our) opinion o	, to death occurred on	the date onc	, 19 d hour and		that (I) (
/	226. SIGNATURE 226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE								24. DATE	SIGNED 28/8	7	
23a. B	BURIAL, CREMATION, REMOV	/AL 23b. DATE	23¢ N	AME OF C	CEMETERY OR CREMATORY	23d LOCATION		COU	NITY		TATE .	
	Burial	7-3-	-87 F	Balt:	imore Cemete		Îtimo		411	M	d.	
	uneral director arch Funera	1 Home	1101 E.	Nor	th Ave. JUL	6 198	TRAR 256 RE	GISTRAB'S	SIGNAL	Randa	es.	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and compleshoold be detached for use as the burial-tronsit permit. Then please remove corbonpapers. Pages it against the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical exa



57802 Juna	STATE OF MARY FOR DEPARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENE 8 / FEG. NO. 1 7 1 6 9
age 4 may be irrector, page 3 ours after death	1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT) SAMES W. 1/caux	0 -101111
ge 4 ms ectar, p	3. SEX MALE RACE BLACK S. DATE OF BIRTH MONTH DAY G Z4	46. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Pa	76. BIRTHPLACE (STATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER WIDOWED 1. S. A. WIDOWED 1.	MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH
offer d win	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRÉSS)	STITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTOR
ND 2120 24 hours 24 hours wild be fi	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	CITY LIMITS? 13. STREET ADDRESS / ZIP CODE BALTIMORE, NO 2918 RIGGS AVE, MO. 21216
MARYLA ed within pletely f ohd? sho		SADORA GROOMS
AATTIMORE, MARYLAND 21201 The secured within 24 hours in some secured within 24 hours in some secured within 24 hours in secured securing	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORM	PLICE H. WILLIAMS 2918 RIGGS AVE.
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (p) Cardiac Response	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the rottending physician. Wher this certificate has been signed by it offending as the burial-transit permit. Then please rettending the and Mental Hygiene prior to burial, cremitation are not acked or item 18 shows any injury, or other transmitten.	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATIONS.	ED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
I. RECORDS, 3. The law require and the been sign permit. Then permit are print to be we any injury, and any injury, and the beat permit are print to be well and the beat are print to be well and the beat are print to be well as any injury.	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 1210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 2110. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 2110. HOW	ORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO SO YES NO NO
A OF VITAL SICIAN: The ng physicia certificate h riral-transit ental Hygie ental Hygie		INJURY OCCURRED (ENTER MATURE OF INJURY IN ITEM 18 PART OR PART 2)
DIVISION DING PHYS or attending After this or se as the bur alth and Me marked ar It	OR CONTRIBUTING CAUSE OF DEATH	TION CITY OR TOWN COUNTY STATE
TTEND pital a pital a for use af Heal	27a. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19, that (1) (we) last y) (our) apinion death accurred on the date and hour and from the causes stated
OR ho	DEGREE POSS	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 671-87
TO HOSPITAL OR A retained by the hos, TO FUNERAL DIREC should be detached with the State Dept.		es top Between MD
BP	230 BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OF CEME	CITY OR TOWN COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	"NUTPER + SONS FUNERAL HOMES, IN 2501 GWYNNS FALLS PKWY, BALTO, MP. 21210	VC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENI
STATE	CERTIFICATE OF DEATH
REGISTRAR	CENTIFICATE OF DEATH

- STATE REGISTRAR	DE ACT	CERTIFICATE OF DEATH	B REG. NO.	1	10
DECEASED NAME FIRST (TYPE OR PRINT)	ST T.	Willi'Ams	June 3,	1987	700P
I. SEX-	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
male	Black	MONTH DAY 28	59 YRS.	MONTHS DAYS	HOURS MIN.
a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
CPUH).	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMOR	E Cir	U MI
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION		F SUSINESS OR

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	3. SE X	()	RACE	5. DATE O	FBIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H	-
		male	Blank	MONTH	3	28	.59		ONTHS DAYS	HOURS M	IIN.
	7a. BIF	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	- CA		9. BALTIMORE CITY O	R COUNTY	OF DEATH		_
e		ריליון	1) 5 0	MARRIED	NEVER	MARRIED -	Rall		- /1.		
ď.		VA.	0.0.4.	WIDOWE		VORCED	DHCTI	nort	C17		MD.
rj.	10. CI	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		ROTHER INS	TITUTION	12a. USUAL OCCUPATION OF WORLD		12b. KIND OI	SUSINESS	OR
ŕ	1	DALTIMORE	BIN SEC	DUR	44051	TTAC.	130013	MP	KE	PAIR	
1		AL RESIDENCE (IF NURSING HOME OR OTH			1		1	-	212	13	
E.	13a. S	TATE 13b. COUNTY	13 CHRY OR TOW	/N	13d. INSIDE C		13e STREET ADDRESS	21/0-	V. 4		
40	14 54	THER'S NAME	DAGI	MOCE		NO	020 W. P.	Mass	NE U		
in.	14 FA		DDLE LAST,		IS. MOTHER	FIRST	WIDDIE		LAST		
S		EDWARD	WILLIA	ms	KA	TU		_	MIT	H	
		AS DECEASED EVER IN U.S. ARME		JRITY NO.	17 INFORMA		ADDRE	55			
	(A	ES NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	8186	DORI	THULL	Villiams 2	8 S.	Alhai	KL J	7.
			01000	71001		19	111111111111111111111111111111111111111	001	APPROXI	AATE INTERVAL	_
		R CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	RY. O				. 0.1	1.6.	BETWEEN	NSET AND DEA	TH
	100	IMMEDIATE	CAUSE (a)	sam.	cla	ar com	ma Magar	V LU			
			DUE TO, OR AS A CONSEQU	ENCE OF				2			
		Canditions, if any, which	(/b)								
		gave rise to immediate cause (a), stating the	, (0)								
		underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF							
			(c)						1		
	7	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED	TO THE TERM	IN AL DISEASE OR CONI	DITION GIVE	N IN PART 1 (a	1	
	CERTIFICATION										
	CA	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?		WERE FINDIN		
7	Ē						YES T NOT		ING CAUSES	NO [
1	W.	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT OR PART 2)		_
3	_	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR			,,				
	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM FIC 1	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
	~	AT WORK AT WORK	The state of the s								

220.1 certify that (I) (this baseled) attended the deceased from and that in (my) (w) apinian death occurred on the date and haur and from the causes stated sow the deceased alive on abave, (1) (**) (did (did nat) view the bady

22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

1. Miller mo

23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
			CITY OR TOWN	COUNTY	STATE
Burial	6/10/87	Garrison Forest	Owings	Mills	MD

24 FUNERAL DIRECTOR

March Funeral Home 1101 E. North Ave. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 9 1987 Julia Dordon Landelle

DHMH-16 30M 2/80 (VRA 15, 4)

injury, or other troumotic

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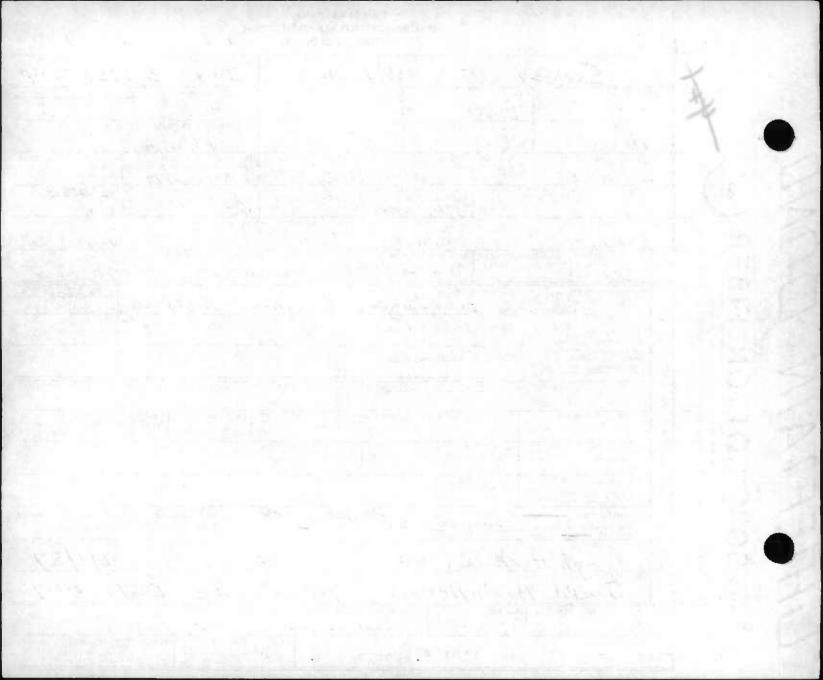
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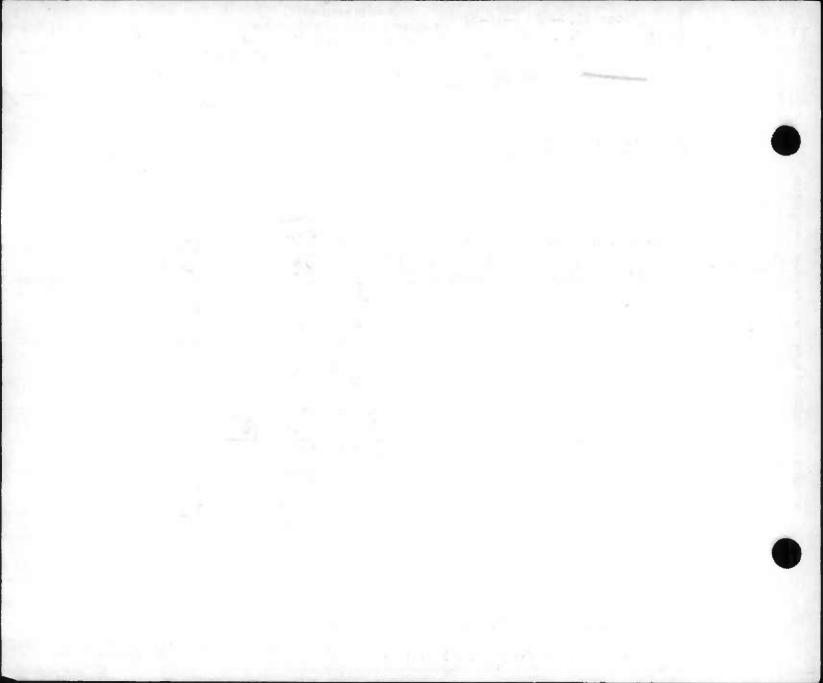
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5 8 5 Jun	d	FOR item #1,G-62 STATE by F.H. C	28 6-18-87 DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE REG. NO.	7 1 7 1
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ge 4 mo) ector, po	3. SE	MME	1. RACE BLACL	5 DATE OF BIRTH MONTH DAY YEAR 1922	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
deoth. Po	14	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	E aty MD
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ITAL OR by the high residual pike high residual pike per per per per per per per per per pe		226 PHYSICIAN'S NAME (1YPE O	g grAlin	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	OLL 99
TO HOSPITA etoined by TO FUNERA should be de with the Stot		MICHELLE	J. GOTTUE	B GRUNDAR	1 1 2	LOV MINTS AVE
BP		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY A H CAIVONY	Of the My	2 VVYS STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	12mg 63 \$000 1	solmen IT 130 Il	IN 15 1987 Julia	Dandon Rudale



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME a DATE KNOWN 75 HOUR (TYPE OR PRINT) IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BEFLED. WITHIN 72 HOURS L RECORDS, 20) W. PRESTON STREET, OF **JOHN** 6 - 2 - 87WILLIAMS DEATH MATED 1 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Black DEAD 57 9 BALTIMORE CITY OF COUNTY OF DEATH 7a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City DIVORCED 12 N. C.? 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 2500 Garrison Blvd. OR INDUSTRY FOR MOST OF WORKING LIFET Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) AND 3a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md NO [2500 Garrison Blvd. 21216 Balto MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST BALTIMORE, 24 HOURS AFTER PEA LITEM 18. GIVE PAGES LONG WITH FORM F 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION Unkn. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL WORD "FENDING" IN PENCIL IN ITEM 18.
E CHIEF MEDIOGLE EXAMINER ALONG WE LUSED AS A BURAL. FRANSIT PERMIT.
NT OF HEALTH AND MENTAL HYGIENE, D. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Blunt head trauma precipitating cardiac OR REMOVAL DISERSONO CONTRACTOR DE CONTRAC arrhythmia Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to chronic obstructive pulmonary disease CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YESXX NO [PAGE 4 SHOULD BE FORWARDED TO THE WO PAGE 4 SHOULD BE FORWARDED TO THE WO FOR FAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT (21b. TIME OF INJURY APOLON MONTH 1:50AM 6-2-21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject struck 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED AT WORK AT WHILE 2nd floor 2500 Garrison Blvd Baltimore, Maryland X 224. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide X Undetermined manner death resulted fram: Natural causes Accident Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6 - 2 - 87SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Removal 6-19-87 BP. 07/84

Balto., Md.

25g. DATE REC'D. BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

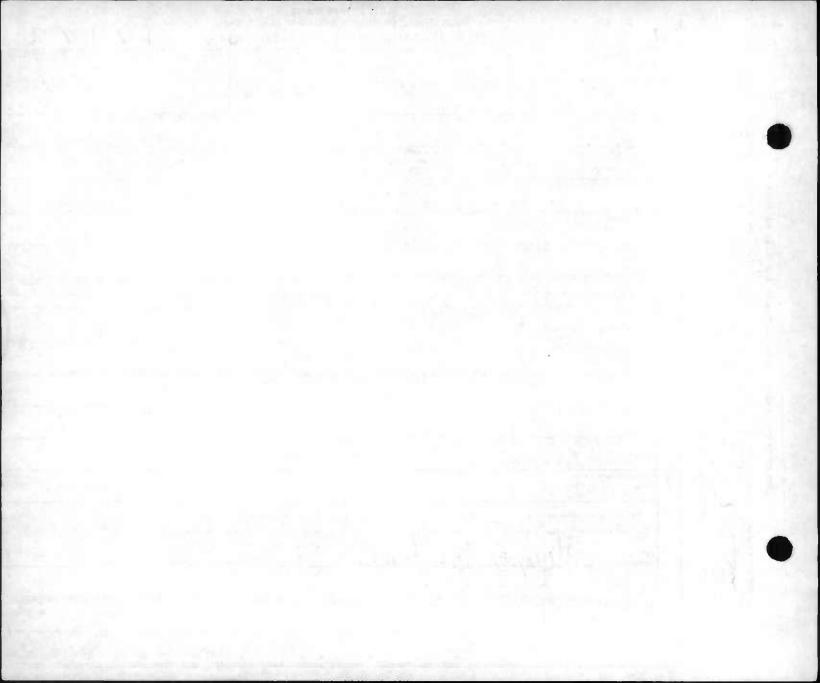
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24 FUNERAL DIRECTOR

State Anatomy Board



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed with

retained by the hospital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and ob-should be detached for use as the burnol-transit permit. Then please aemove corban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to buriobic emotion, or removal.

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STATE OF MARYLAND

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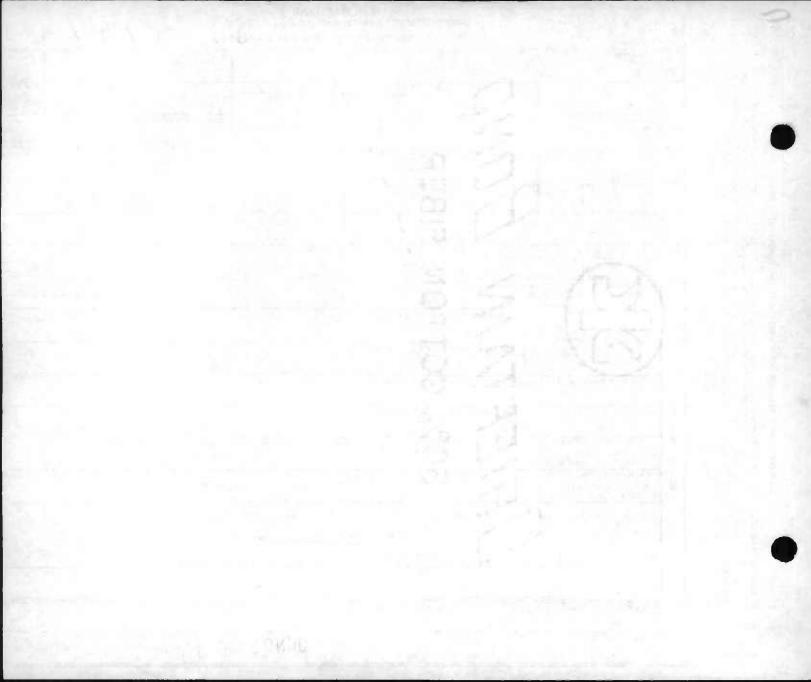
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEAT									
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ICATIC	19	DATE OF	OPERAT	ION	19b. CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED?	· · · · · · · · · · · · · · · · · · ·			2D AU	TOPSY?	
MEDICAL CERTIFICATION	U	EXTERNA NDERLYING ONTRIBUTIO	OF			MONTH DAY	YEAR	HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM 18	PART 1 OR PAR	- 1	s 🖹	NO [
MEDIC	21 W A	HILE WORK	NOT W AT WO	D 'HILE RK		OF INJURY (AT TORY, FARM, ETC.)	HOME, 21f.	LÖCATION STREET	CIT	Y OR TOWN	COL	UNTY	11	STATE
	A SI	ETUAL GNATURE AMINER'S PE OR PRIN	of from:	Notwro Den	nis F. Si	Accident D	Mue.D.	Homicide TITLE (SPECIFY ASSIST	Undetermin ant MEDICAL	EXAMINER n St.	nd in my op DATE SIGNE	6/	22/8	7
(SPEB	ÜRIAL		AOVAL 23b	6/26/87	CEDA	OF CEMETERY	OR CREMATORY CEMETARY		WAR UNDEL			STA	TE
24. F		M. C.		CH F/	H 1101° E	. North	Ave.	JUN	126 1987	STRAR 256 REC	ISTRAR'S S	IGNATU	RE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

CERTIFICATE OF DEATH

Williams

2/18/1904

MARRIED NEVER MARRIED

13d. INSIDE CITY LIMITS? NO [

15 MOTHER'S MAIDEN NAME

YEAR

DIVORCED [

5 DATE OF BIRTH

MONTH

WIDOWEDY

HAME OF HOSPITAL PURSING HOME OR OTHER 1 NOTIFICIAL OF

REG. NO

YRS

2h. HOUR

126 KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

STATE

STATE

IF UNDER I YEAR

INDUSTRY

20h. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

COUNTY

Lehia Davidson Handare

MD

22c DATE SIGNED

YES [

DAYS

5

IF UNDER 24 HRS

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

1000 S. CATON AVE.

20 DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

BALTO

(TYPE OF WORK FOR MOST OF WORKING (#E)

13e.STREET ADDRESS / ZIP CODE

MIDDLE

120 USUAL OCCUPATION

STRAR

FEMALE

74. BIRTHPLACE (STATE OR FOREIGN

HOLLY WOOD

10. CITY OR TOWN OF DEATH

BALTO.

14 FATHER'S NAME

Lottie

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

136 COUNTY

BLACK

76 CITIZEN OF WHAT COUNTRY?

Jenkins Memorial

13c. CITY OR TOWN

LAST

RAT.TO

.. CEASED NAME

(TYPE OR PRINT)

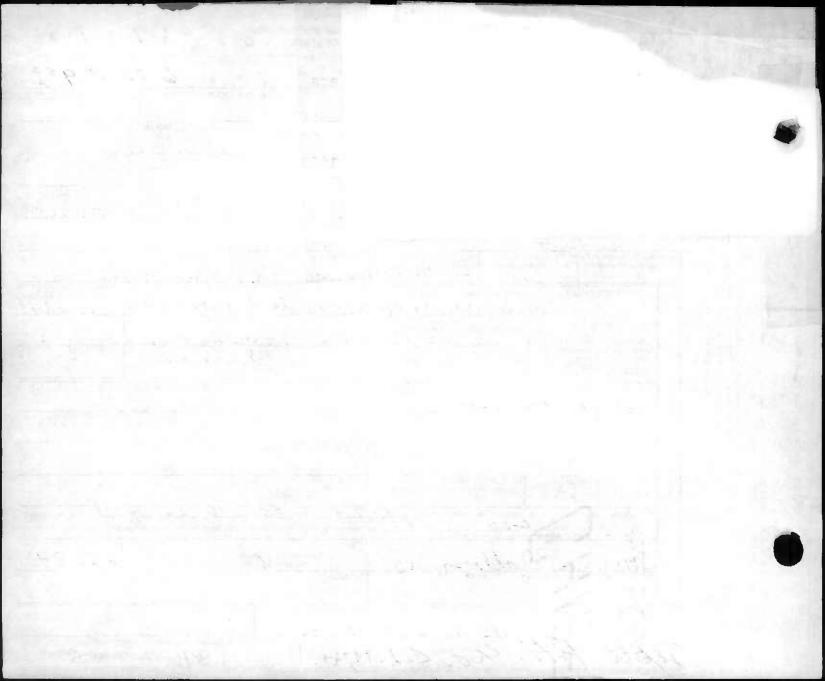
COUNTRY

3. SEX

ALEXANDER_BARNES NELLIE BARNES ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 578-07-755 3806 MOHAWK ANDREW NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 JOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION ulery 20a AUTOPSY? 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED NOF 71a ACCIDENT WAS UNDERLYING 711 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 0-25 Saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (4) (we) (did) (did not) view the body after death 22h SJGNATURE DEGREE ATTENDING , MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 778 PHYSICIAN'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPEC IFY) CITY OR TOWN BURIAL BALTO FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

by th P offendi

DHMH - 16 50M 4/83 (VRA 15, 4)





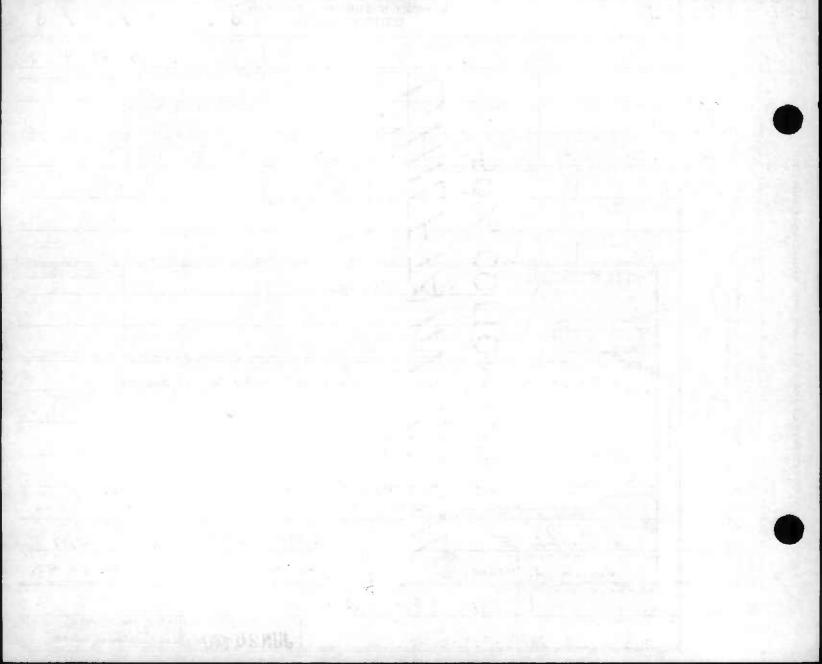
STATE OF MARYLAND

8	REG. NO.		7	1	7	
		_			1	

05788	0			FOR		DEPART		E OF MAKYLAND EALTH AND MENTAL HYG	IENE		
AAMAIG		UII.	101	STATE REGISTRAR				ICATE OF DEATH	8 / REG. NO.	1	1//
				CEASED NAME FIRS	ī	MIDDLE	ı	AST	20. DATE OF DEATH MON	NTH DAY Y	EAR 2b. HOUR
pe	poge 3		TITE		rgaret	Ann Wi	lliams	son	June 21, 198	87	10:00P M
E 3	G 5	9.5	3. SE	(4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDA		DAYS HOURS MIN.
Poge 4	rs of	-	1	FEMALE	WHIT	E	OCT		82	YRS	
8	2 700	1	7a. Bl	RTHPLACE (STATE OR FOREIGH		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEA	тн
deo th		2		MARYLAND		S.A.	WIDOWE	D DIVORCED	Baltinone	e City	MD.
te -	d will	2/	1	TY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		IND OF BUSINESS OR
	filed	10	1	3altimore		MERIDIAN		ICKENS AVE.	HOUSEWIFE	. Н	OME
MARYLAND 2120 ed within 24 hours	d be	25	130. 5	TATE 13b.	OME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE	
LANI	0				LTIMORE	WOODLAW	N	YES NO X		AR LANE	BALTIMORE 21207
With:	2 Sete	E	7	THER'S NAME	MIDDLE	LAST		FIRST	MIDDLE		LAST
	dE C	8.2(IAn V	JOHN VAS DECEASED EVER IN U.	S ARMED FORCES?	GINNA 166 SOCIAL SECU		AGNI	ADDRESS	HEN	NELLY
BALTIMORE,	ond	o de de		ES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	220-09-0		LAWRENCE G.	LITTITAMSON	Same a	as # 13
VITIN	ers.			NO 18 CAUSE OF DEATH (En				LAWKENCE G.	WILLIAMSON		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
VST., BAL	pop	ent,		PART I. DEATH WAS C	AUSED BY:			HRONIC RENAL	FAILURE		Two months
N ST	rbor r rer	TC &		IMM	EDIATE CAUSE 10)			, , , , ,	7 77,0000		
W. PRESTON ST	ve co	o En o		Canditions, if ony, which		Dr as a consequi	BETES	MELLITUS			YEARS.
PRE d	emo mot	0 110	-	gave rise to immedia couse (a), stating t	te)	OR AS A CONSEQUI					
	by toose in	other		underlying cause la		JK A3 A CO143EQ01	EIVEL OI				
, 201 res th	n ple burio	, o		PART 2. OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PA	ART Ho
RDS	The	č o	0 N	HASC	- 1	CHF					- 19
RECORDS,	P Drid	soul	ICA	190 DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		DE IF YES, WERE F CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
	sit p		CERTIFICATION			OF BUILDIN		19). How Bulling o coun	YES NO	YES 🗌	NO 🗆
DIVISION OF VITAL	buriol-transit			21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		ofinjury a.m. month d.	AY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 1B PART I OR PA	4RT 2)
N Sing	the buriof-th	10	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX.		OF INJURY	19	211. LOCATION			
1SIO PH' Itend	E . T		MEI	WHILE NOT WHILE	LAT HOME S	TREET, FACTORY, OFFICE, P	FARM ETC)	STREET	CITY OF TOWN	COUN	NTY STATE
NO NO	Nr. Afte	тогкед		22a.1 certify that (I) (this-		he deceased from	N	1AY 19 7 C	to JUNE 7	198	2, that #1 (we) last
7 -	or us	5		sow the deceased ali	ve on JUNE	21 19	01.00	nd that in (my) (our) opinion			, 11101411 (110)1031
A AT A P A T A	DIREC oched f Dept. c	E		obove, (# (we) (did) (c 22b. SIGNATURE	view the bod	y ofter deoth.		DEGREE	/	22c.	DAJE SIGNED
the h	te De	-		Herman	1 Freels	es Mu	0.	ATTENDING PHYSICIAN	MEDICAL STAFF	10 6	122/87.
SPIT A	be d be d	Z T		22d. PHYSICIAN'S NAME		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		27e. ADDRESS		_	
HO	should be deto	Š		HERMAN	1 BRECH	ER. M.	D.	6410 WINDS	OR MILL RD	BALTIM	10RE, MO. 21207
5 ef	743	<u> </u>	23a. E	URIAL, CREMATION, REMO		T	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP_				BURIAL	6/25	/87	LORRA	AINE PARK	WOODLAWN	COUNTY	MARYLAND
DHMH -	16 60M 7	7/84	24. FI	ROYMEM. & RUS	SELL C. W	TTZKE ADERIN	ERAT. I	HOMES PA 250. DAT	REC'D BEREGISTEAR 256	HEGISTRATES	GNATURA dalla
	(A 15, 4)		16	30 EDMONDSON	AVENUE C	ATONSVILL	E MD	21228	11 20 1301	,	-

RYLAND 21201	within 24 hours ofter death. Page 4 may be	etely filled in by the funeral directar, page 3 22 should be filed with 72 hours after death	mine, must be mitined stones.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death continuate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has plant attitude by the official and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit per rith and removement pages. Pages, I and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene grow to burial cremotion of regions.	IMPORTANT: If Hem 21 is morked or Hem 18 shaws on Hilling other troumatic event, the medical examined must be mirrled strongs.
DIVISIO	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this should be detached for use as the bi with the State Dept. of Health and M	IMPORTANT: If them 21 is morked or

0 0 -	0 5 7 1101	1	FOR.				TE OF MARYLAN							
037	957 JUH	3	FOR STATE REGISTRAR		D		FICATE OF DE		8 /	REG. NO.	1 7	1	7	8
	m 6		CEASED NAME FIRE	51	WIDDIE		LAST		20. DATE OF D	EATH MO		YEAR	2b HOUF	R.
	may be . page 3 ter death			James	A.	Wil:	Lis Sr.			6	23	87	9:11	AN
	may pag ter de	3. SE	×	4. RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEAR	RS LAST BIRTHDA	AY) IF U	INDER I YEAR	IF UNDER 2	24 HRS
	ge 4		Male	В1	ack	2		26	61		YRS		, and a	Print.
	Photography	₽a. B	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN	OF WHAT CO	UNTRY? 8	ED XX NEVER MA	ARRIED -	9 BALTIMORE	CITY OR C	OUNTY OF	DEATH		
	leoth The T	N	1D	US		WIDOW	ED DIVO	DRCED 🗌	Balti	imore				MD
	fter of with		TY OR TOWN OF DEATH	(IF NOT II)	SUCH FACILITY, G	IVE STREET ADDRESS)	OR OTHER INSTIT	UTION	12a USUAL OC			12b. KIND C	F BUSINES	SS OR
102	is of		altimore City	The U	Inion Me	emorial H			RETIR				_	
ND 213	filled in ould be	130. S		OME OR OTHER INSTITU COUNTY	13c. CITY (nce before admission Or town Cimore	13d. INSIDE CITY	Y LIMITS?	13e STREET AD	DRESS / ZI	ra Av	e. 21	212	
3AF	BALTIMORE, MARYLAND 2120 use be executed within 24 hours scion and completely filled in by pers. Pages, 1 and 2 should be fill oil. t, the medical exemine must be n.		THER'S NAME	MIDDLE	. 0	IAST	15. MOTHER'S A			MIDDLE				
WA			rikai	MIDDLE		LASI	Martha		,	WIDDLE	R	andal	i	
A,	5 0 7		VAS DECEASED EVER IN U	S. ARMED FORCE		AL SECURITY NO.	17 INFORMAN	T		ADDRESS			21212	>
IWO	n and Page	, '	YES, NO OR UNKNOWN) (IF	TES, GIVE WAR OR DATE	214-	-20-6035	S. Vir	ginia	Willis	4800	Alham	bra A	ve.	
SALT	ate k		18 CAUSE OF DEATH (En	ter only one couse	per line for 10	1, (b1, and (c1.)						BETWEEN	MATE INTERV	VAL DEATH
ST.,	event,		PART I. DEATH WAS C	EDIATE CAUSE (o	RE	NAL FA	ILURE			٠				
NO	office of the state of the stat			DUE TO	O, OR AS A CO	NSEQUENCE OF								
PRESTON	no o m no con rotion froum		Conditions, if any, whi)(
≥	that the		gave rise to immedia cause (a), stating t underlying cause la	he DUETO	O, OR AS A CO	nsequence of								0
5, 201	se / Land	_	PART 2. OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTI	ng to death bu	T NOT RELATED TO	O THE TERMIN	NAL DISEASE C	OR CONDITI	ION GIVEN	IN PART 16	0	
ORD.	be less than	ě	CANDID			TEROID	DEPEND				ABETES			
DIVISION OF VITAL RECORDS.	rcion. te hos yes sit perringiene p	CERTIFICATION	190. DATE OF OPERATION	196 CO	NDITION FOR	WHICH OPERATION	ON WAS PERFORM	MED	YES N	11	IF YES, W N CERTIFYIN YES	IG CAUSES	OF DEATH	H?
\ 	Z S S O T W		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	1100.00	AE OF INJURY	ITH DAY YEAI	21c. HOW INJU	JRY OCCURRE	ED (ENTER NATUR	RE OF INJURY IN	ITEM 18 PART	OR PART 2)		
Ö	20 2 0 0	I S	(IF EITHER, NOTIFY MEDICALEX	OF DEATH	P.M.	19								
IVISION	ING PHYSIC r attending After this cert os the burial lith and Mental orked or Iten	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	/AT HOM	ACE OF INJURY SE, STREET, FACTORY	, OFFICE, FARM, ETC.)	211 LOCATION STREET	1	(CITY OR TOWN		COUNTY	ST	TATE
0	NDIP Lor Lose of teolth		22a.1 certify that (I) (this				31	19 87	_ to	/23	. 19_	87_	that (I) (w	ve) lost
	Spito CTO CTO I for of h		saw the deceased of above, (I) (we) (did) (ody ofter deat	19 <u>87</u>	and that in (my) (o	our) opinion de	eath accurred a	on the date	ond hour on	d from the	couses stat	ted
	OR A bos ched ched Dept.		226. SIGNATURE	21			DEGREE	TENIDATO	MEDICAL	C7.455		22c. DATE	SIGNED	
	ral C y the Ral D detac detac		N a. 1	Jake Z			PH	TENDING TYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	4 🔀	6/2	3/87	
24	TO HOSPITAL (retoined by the TO FUNERAL E should be deta with the State E IMPORTANT: If		22d. PHYSICIAN'S NAME William		ker, III		22e ADDRESS	on Me	emorial	Hosp	. É	Baltimo	re, M	d.
	De Day	23o E	SURIAL, CREMATION, REM				CEMETERY OR CR	EMATORY	23d. LOCATI	ON				
	BP		Burial	6/	27/87	GARRISC	N FOREST VI	ETERAN	OWING	SMILLS		OUNTY	.51	TATE
	DHMH - 16 60M 7/84	24. FI	JNERAL DIRECTOR						REC'D. BY REC			'S SIGNAT	URE	
	(VRA 15, 4)		WILLIAM C. MARC	H F/H 1101		h Ave.		JUN	26 108	7 Alli	a Durid	won-Ras	dass	1
			THE STATE OF THE S											



057389

tely filled in by the funeral director, page 3 2 strould be fried within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENES	7 RE	G. NO.	7	dispersion of the second	7	9
Wilson	20. DAT	E OF DEA	TH MONTH	DAY	87	2b	155
5. DATE OF BIRTH	6 AGE	[IN YEARS L	AST BIRTHDAY)	.IF U	NDER 1 YEAR	IF (JNDER 2

		CERTI	FICATE OF DEATH	REG. NO		19
		WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		112 11/11	SON		11 87	255 A
3 SEX				6 AGE (IN YEARS LAST BIRT		
	FeMALE			66	YRS	3 110013 11111.
		CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	Prain1A	14 6 71		BALLIN	Tore CI	14 MI
10 CI	TY OR TOWN OF DEATH		OR OTHER INSTITUTION			
15	Allimore	Bon Secours	HOSP.	Homem	rker	
				13e STREET ADDRESS /	ZIP CODE	21229
m	my/md	BALTIMONS	YES NO	3600 W.1	RMKliN	STAPTI
14. FA		DDIF IAST	15. MOTHER'S MAIDEN NAM		- 1	LAST
1	FRANK	SAVOY	Lillian	/	Alinterr	0
			17 INFORMANT	ADDRE	SS VAZ.	85345
1	(IF YES, GIVE V	220-22-247/1	Thrs. Addiewn	e ISACC.96	20W.F.chol	y Keorics
	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).)			BETWEE	OXIMATE INTERVAL
3.55 X ERACE STATE OF BIRTH MODIFIED MODIFIED						
	MMEDIATE		C	278021-		
	Conditions, if ony, which	(R	t plenrih	2		
		DUE TO OR AS A CONSECUENT FOR	,		2 22 62	
	underlying couse lost.	(c)	congesti	on of	civer.	
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(a
0 N						
CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		
TIFE				YES NO		
		TIME THE MANUEL BANK WEAR		RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2	9
14 S	-					4
ED	21d. INJURY OCCURRED			CITY OR TO	wn COUNTY	STATE
8	AT WORK AT WORK	(AL HOME STREET PACTORY OPPILE, PARM, ETC.)				
) ottended the deceased from	13 19 37		. 19_87	_, that (II (we) las
	sow the deceased alive on obove (1) (we) (did) (did not)	view the body after death	and that in (my) (our) opinion (deoth occurred on the do	ote and hour and from t	he causes stated
		0.		040		TE SIGNED
	Month	Chul July	ATTENDING PHYSICIAN [4	MEDICAL STAR DIRECTOR PHYSIC	IAN 2	17/17
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	27e. ADDRESS			
	Michael N.	Rubinstein M.D.	2000 W. BALT	To. ST, Boz	70 MP. 2/2	.23
	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF	CEMETERY OR CREMATORY	234 LOCATION	COUNTY	A A STATE
l l	13	6/18/87 Ban	usa Formal 1	ret over	7 mil	somo

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physics should be detoched for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remarkal.

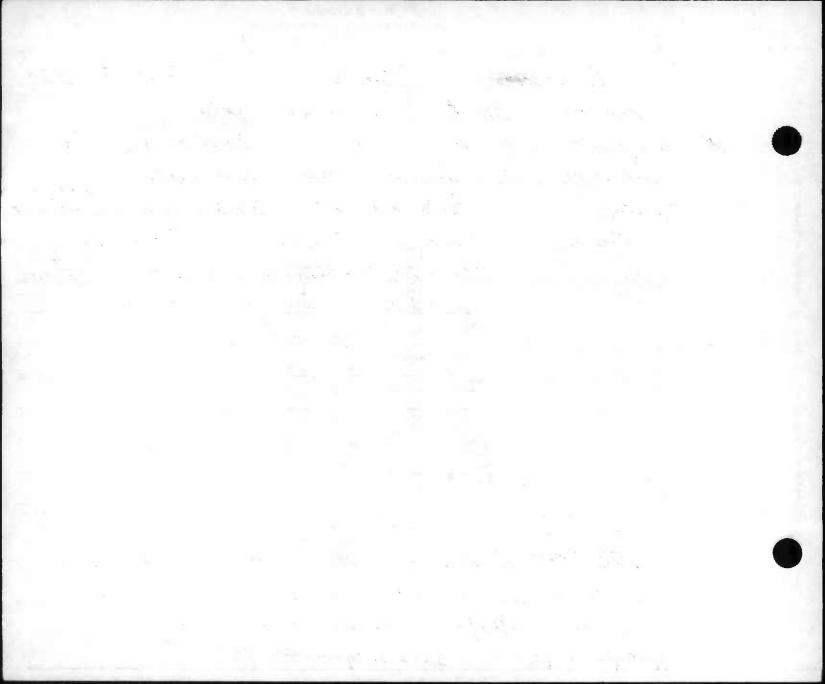
24 FUNERAL DIRECTOR

yout all 22

BY REGISTRAR'S SIGNATURE

FOR

ADDRESS 2322



05585

executed within 24 hours of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	7	1	8	Ü
	REG. NO.					

0 0	REGISTRAR			CATE OF DEATH	IENE 8 /			O
	CEASED NAME FIRST	MIDDLE	ŁA.	AST	20 DATE OF DEATH		YEAR	26 HOUR
(TYPE	E OR PRINT) HARRY	M.	WILS	ON	JUNE 1, 1	987		11;50
3. SEX		4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTI		DER 1 YEAR	IF UNDER 2
3. 3€			нтиом	DAY YEAR		MONTH		HOURS
	Male	White	Aug	. 18, 1918	68	YRS.		
7a. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	? 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF		EATH	
	est Virginia	U.S.A.	WIDOWE		BALTIMORE			
	ALTIMORE	11. NAME OF HOSPITAL, NURS!! (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS H	T ADDRESS)		(TYPE OF WORK FOR MOST OF Buyer Inte	WORKING LIFE) IN	DUSTRY	BUSINES
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /			239
14 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		TAST	
	Charles	Wilson	n l	Reine	WIDDLE	P	IcCre	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		17. INFORMANT	ADDRES		10010	440
- 0	Yes NO OR UNKNOWN) (IF YES, GIV	WW II 159-12-	5472	Elizabeth A	. Wilson 56	26 Sagra		
	18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE	ly one couse per line for (a), (b), a	nd (c).)				APPROXIA BETWEEN O	MATE INTERV
		E CAUSE (0) CARDIOR	JULMO	NARY ARG	LEST		0	
	Conditions, if ony, which gove rise to immediate couse (a), stating the	(b) ADENOCA DUE TO, OR AS A CONSEOU	ARCIN	oma of	LIVER		lu	nont
NO	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO	ARCIN JENCE OF			DITION GIVEN IN		
ATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM		20b. IF YES, WE	PART III	GS USED
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	(b) ADENOCA DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM	inal disease or cond		PART III	GS USED
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	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT OF COURTY	DUE TO, OR AS A CONSEQUENCE. CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 119. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE. 101) attended the deceosed from 19. 11 view the body after death,	DEATH BUT IN DEATH OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 19 17 19 OF THE NOTION	INAL DISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV	20b. IF YES, WE IN CERTIFYING YES YES VIN JIEM 18 PART I C	RE FINDING CAUSES (GS USED OF DEATH NO S14 hot (1) couses stat.
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT OF COURT OF COU	DUE TO, OR AS A CONSEQUENCE. CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 119. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE. 101) attended the deceosed from 19. 11 view the body after death,	DEATH BUT II H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET 19 4 that in my (our) opinion of the performance of the p	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TOV death accurred on the do	206. IF YES, WE IN CERTIFYING YES YIN ITEM 18 PART I C	REFINDIN CAUSES (DRPART 2) OUNTY from the c 222. DATE S	GS USED OF DEATH NO S14 hot (1) couses stat.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please temove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician

(VRA 15, 4)

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BIRI EI MEA SATISTIC SERVICE THE SECOND LABORATORISTICS ASSESSMENT OF THE SECOND ecals and organ osac a exception of Wilson meine McDroile Yes Army N. Il 159-12-5572 historia A. Hilden Jose Sagra Rai 1759 - 1000 L 1715 -PROFILED GRANDED BOOMSTEEL TOUT HER LEADING const d. such Inc. letringre, saryland

406 JUN 2	17	FOR STATE REGISTRAR		STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIEI DEATH	REG. NO		7 1	8 1
oy be deoth		CEASED NAME FIRST MARY	MIDDLE	WILSON	√			887	8. 05A M
ge 4 may	3. SEX	= ENALE L	3 LACH	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
oth. Pog		RTHPLACE (STATE OF FOREIGN 76 CITIZ COUNTRY)	EN OF WHAT COUNTRY?	MARRIED T NEVER	MARRIED 7	BALTIMORE CITY OF			TY MD
offer de	10. CI	TY OR TOWN OF DEATH 11. NA	ME OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INS	STITUTION II	USUAL OCCUPATE			OF BUSINESS OR
24 hours	.₩SU. 13a. S	RESIDENCE (IF NURSING HOME OR OTHER INSTATE 13b. COUNTY Prince	GIVE RESIDENCE BEFORE		CITY LIMITS?	se STREET ADDRESS /	ZIP CODE	Trops	104
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Poges 1 o		VAS DECEASED EVER IN U.S. ARMED FOI (15 YES, NO OR UNKNOWN)	DATES.	able CLE	-	1616 W	Mario ashin	n Str	Bet:N.V
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deoth cert		IMMEDIATE CAUSI DUE Conditions, il ony, which	E TO, OR AS A CONSEQUE	NCE OF ARTER		tic cardi		u lar	Disease
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PHYSIC trending or this cert the buriol ond Mente	MEDICAL	WHILE NOT WHILE	P.M. PLACE OF INJURY HOME, STREET FACTORY OFFICE, F	19 211 LOCAT	ION	CITY OR TO	WN	COUNTY	STATE
TENDING ital or o OR: Affe or use os f Health		220 I certify that (I) (this happeal) atte	16/08 198	7 ond that in (my	y) (our) opinion de	to to to	ote and hour	and from the	, that (I) (we) lost
OR ATT OR ATT DIRECT toched fo to Dept of		obove, (1) (we) (did) (did not) view 11 22b. SIGNATURE KULING - MEN	Huang	DEGREE M. P	ATTENDING	MEDICAL STAF		27t DATE	SIGNED
FO HOSPITAL Efforts to HOSPITAL TO FUNERAL Should be dewith the Stotl		22d PHYSICIAN'S NAME (TYPE OR PRINT)	HUANGT	M. D 22e ADDRE		DIRECTOR PHYSIC	IAN	4000	10 O
F		SURIAL, CREMATION, REMOVAL 236 D	40 40	NAME OF CEMETERY OR		23d LOCATION CITY OR TOWN	1 1	COUNTY	STATE
BP		JNERAL DIRECTOR	1.01	110000	250 DATE	REGISTRAR	25b REGISTE	RAR'S SIGNA	TURE

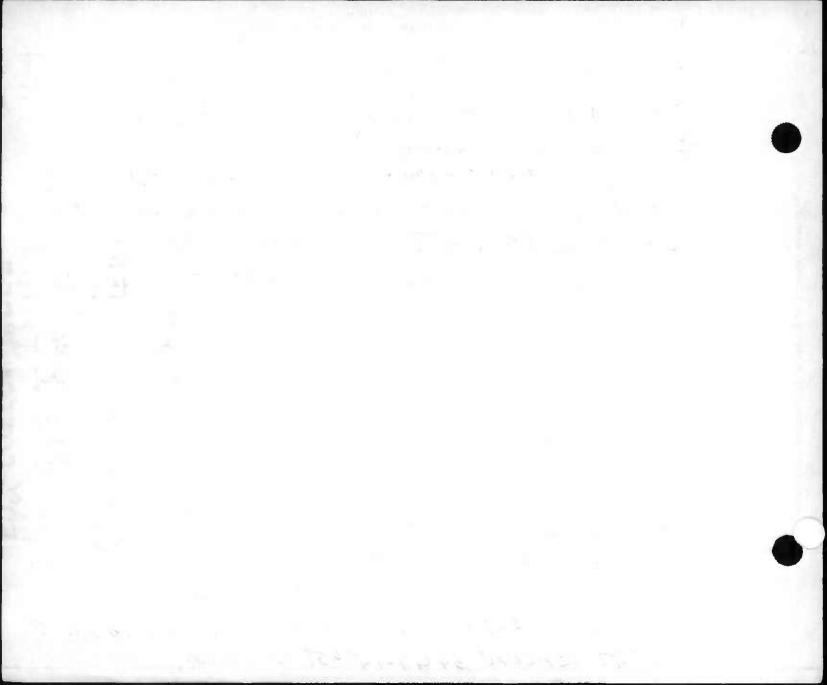
BURIAL CREMATION, REMOVAL BOLL-87 L1.

24 FUNERAL DIRECTOR

SAME FT - BACON 3498ESS 17-

DHMH - 16 60M 7/B4

(VRA 15, 4)



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ompletely filled in by the funeral director, page 3 and 2 should be filed with thous after death

inquires that the death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPART

MENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEAT	н 8

3	REG. N	10.	7	Í	8	2
EC	VE DE ATH	MONTH	DAY	VEAD	51 LIO	LID

23 (]]-	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYG	IENE 8 /REG. NO.	17	1 8	8 2
		OBERTA	FIRST	MIC	DOLE	WIL	SON	20 DATE OF DEATH MON		EAR 2b.	. HOUR
3	F]	EMALE		A_RACE BLACK		5 DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY			UNDER 24 HRS OURS MIN.
3	n. BII	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOW	D MEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO BALTIMOR			MD.
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		AL RESIDENCE (IF NUR.	136 COU		NE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	132STREET ADDRESS AZIP	EDDE 2	1202	2
1		THER'S NAME LIFTON		MIDDLE HI	EDGÉPET	ГН	15 MOTHER'S MAIDEN NAM	ME MIDDLE	L	YÖNS	3
10	N, (VAS DECEASED EVER		MED FORCES? I	66 SOCIAL SECTION 240606		MARY H. C	LEMONS Rt.	BOX 49		TTLEBOR
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			DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) They make heart descare							4845	
		gave rise to im- cause (a), station underlying cause	ng the	DUE TO, OR	as a consequ	LENCE OF	atic fover			4001	7
	NOI	PART 2 OTHER SIG	NIFICANT	CONDITIONS <u>CON</u>	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM				
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100	_	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DE	NIN .	MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM IB PART I OR PA	(RT 2)	
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		22a.1 certify that-41	this hasp		4 - 7	87.0	nd that ir m	death accurred an the date a	nd haur and fra	, that m the cau	
		22b SIGNATURE	a	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						DATE SIG	20/87
		22d PHYSICIAN'S N	MOT		Low		827 Linden	Ave, Balt, 1	h0 21	120	1
2	(BURIAL, CREMATION, SPECIFY) URIAL	REMOVAL		236		MORE CEM	23d LOCATION CITY OR TOWN BALTIMOR	COUNTY		STATE
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DHMH - 16 60M 7/84

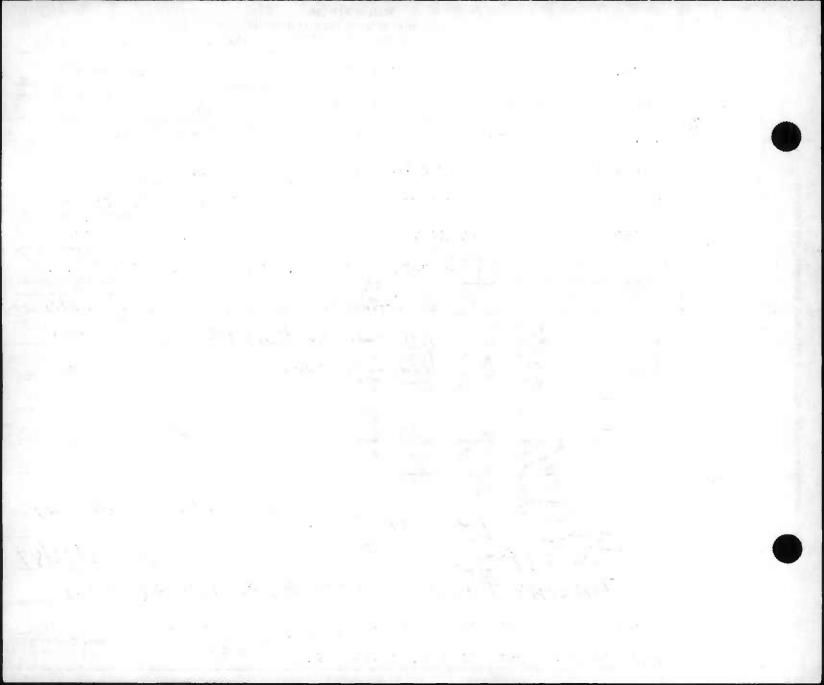
TO FUNERAL DIRECTOR. After this sentitions have been signed by the attending physician and statistical be detached for use as the build-frontil permit. Then please remper transperpapers. Page with the State Dept. of Health and Mental Hygiene prior to buriol, credition, as reference.

(VRA 15, 4)

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MARCH FUNERAL HOME

1101 E. NORTH AVE.



OR ATTENDING PHYSICIAN: The low or attending physician.

retained by the haspital TO HOSPITAL

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by the funeral director, page 3 red within 72 haurs offer death

STATE OF MARYLAND

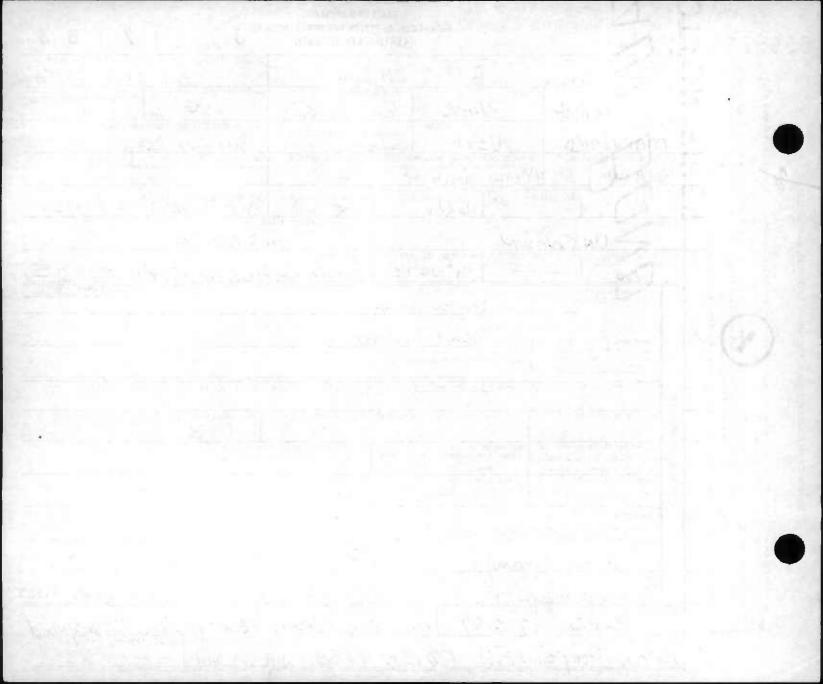
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

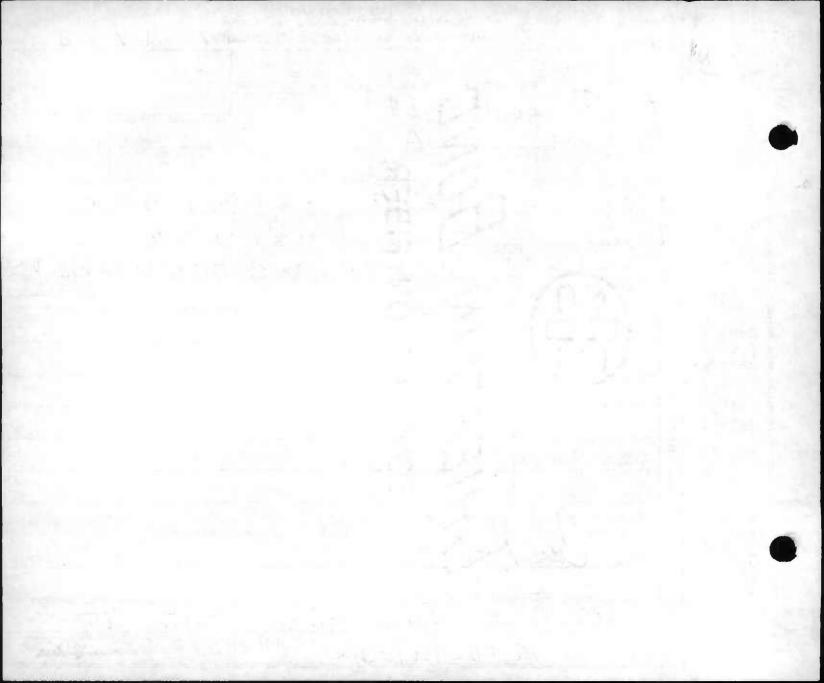
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	1-	FOR STATE REGISTRAR			DEPARTA	CERTIFICATE OF DEATH 8 / REG. NO. 1 7 1 8 3								
		CEASED NAME	FIRST	A	MIDDLE	LA	AST	1 2	a. DATE OF DEATH		DAY YEAR	2b. HOU	R	
	(TTPE	OR PRINT)	Tressie		B	W.	Son			06	27 87	339	54 4	
	3. SE)	K		4 RACE		5. DATE O	FBIRTH	6	AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER	24 HRS	
9		F	-halo	R	lock	MONTH	25 10	YEAR	80	2	MONTHS DAYS	HOURS	MIN,	
.5	7a BI	RTHPLACE (STATE	OR FORFIGN	b. CITIZEN OF	WHAT COUNTRY?	104		9	BALTIMORE CITY	OR COUNT	Y OF DEATH			
100	1	OUNTRY)	mon	11.	SA		NEVER MARE	RIED 🔟	and L	0	1			
100	10 CI	TY OR TOWN OF I	DEATH	11 NAME OF H	HOSPITAL, NURSIN	WIDOWE			20 USUAL OCCUPA	TION	THE KIND	OF BUSINE	MD.	
1	Be	alto liting		Mery	HEACHITY, GIVE STREET	ADDRESS)	K OTTLER #10THO		TYPE OF WORK FOR MOS					
1	13a. S	AL RESIDENCE (II)	13b. COUN		Balto		13d INSIDE CITY L		STREET ADDRES	VAN	DE SH /	2123	0	
	14. FA	THER'S NAME	NKNÖ	NODLE	LAST		15. MOTHER'S MA		KNOW	N	1	\ST		
1		VAS DECEASED EV			166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADD	RESS				
-	(,	res, no or unknown)	(IF YES, GIVE	WAR OR DATES)	215104	700	SONIA	Jok	fuson)	214	4 100	MD	57.	
		18 CAUSE OF DE PART I. DE ATH	I WAS CAUSED	BY:	line for ip), (b), and	Auros	1				BETWEEN	XIMATE INTER I ONSET AND	DEATH	
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		Canditians, if a gave rise to	immediate	(b)	100 Mac	· our								
		underlying ca		DUE TO, OF	R AS A CONSEQUE	NCE OF								
		DART 2 OTHER C	ICANIE CANIE C	(5)	STATE OF THE STATE	DE ATTLE BUILT	NOT DELL'ATED TO	THE TERMS						
	NOL	PART 2. OTHER S		ONDITIONS <u>CC</u>	DNIKIBUTING TO L	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CO	NDITION G	IVEN IN PART 1	la		
2	CERTIFICATION	19a DATE OF OPE	RATION	19b. CONDI	ITION FOR WHICH	OPERATION	WAS PERFORME	D	20a AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE YES []		H?	
	CER	21a. ACCIDENT WAS	UNDERLYING				21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)			
-1		OR CONTRIBUTING		In .	M. MONTH D									
/	MEDICAL	(IF EITHER NOTIFY A		21e PLACE (19	21f LOCATION							
	ME	WHILE NOT	T WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR	IOWN	COUNTY	5	TATE	
	0.15		WORK											
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		above, (1) (we		view the body	after death.) aprilian de	am accorred an me	dore ond no			red	
		226. SIGNATURE	. /	. 1			ATTE	NDING _	MEDICAL S1	AFF	22c. DAT	E SIGNED		
_		301	mis it	mous?	Or.	6	PHYS		DIRECTOR PHYS		6-	4/-	7	
		22d. PHYSICIAN'S	NAME (TYPE OR	PRIM			22e. ADDRESS				0	11		
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		URIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. 1	NAME OF CE	METERY OR CREA	AATORY	23d LOCATION					
	(SPECIFY) BUK	CIAI	7-2-	87 17	17. 2	ION MAG	CTHV	Clen 1	SURN	1-16. M	Ruli	ad	
	24. FL	INERAL DIRECTOR	1		1			250. DATE	REC'D. BY REGISTRA				-	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur TO FUNERAL DIRECTOR: After this certificate has been





7 1 5 0 11	1.	STATE REGISTRAR	DEPARTN		FICATE OF DEATH	ENE 8 7	0. 17	185	
oy be		GEASED NAME FIRST Robert	MIDDLE	Wirt	t h	June 16,	1987	26 HOUR 10:5	5.
ge 4 mo)	3. SE	Male	4. RACE White	5. DATE O	DE BIRTH 1913	6 AGE (IN YEARS LAST BIR	YRS.	DER I YEAR IF UNDER 24 HR	85 N.
deoth. Pa	Bo	RTHPLACE (STATE OR FOREIGN COUNTRY) LI timore, MD.	76 CITIZEN OF WHAT COUNTRY? $U.S.A$.	T .	DE NEVER MARRIED	9. BALTIMORE CITY OF Baltimo			MD.
office for	Ba	ltimore	11. NAME OF HOSPITAL, NURSIN 145 N. Kenwo			120. USUAŁ OCCUPAT (TYPE OF WORK FOR MOST C Detecti	ON OF WORKING LIFE) IN UC	b KIND OF BUSINESS CONDUSTRY Balt Be	Cipt
filled in must be		AL RESIDENCE (IF NURSING HOME OF		N	YES NO 🗆	13. STREET ADDRESS 145 N. A	ZIP CODE	Ave. 3122	
ompletely one 3 s exomine)	Alexander	C. Wirth		Julia 17. INFORMANT WIFE	MIDDLE	Hru		
on and S. Pages:	16a \	VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GI		-436	17. INFORMANT WIJE	wood Ave.	Balto		_
g physici onpaper emoval.			nly one couse per line for (0), (b), one D BY: TE CAUSE (0) CONSU	reco	spiratory A	threat		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	н
that the death ce d by the attendin ease remove corb al, cremotion, ar ar other troumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) FFSHD DUE TO, OR AS A CONSEQUE		, v			10 years	_
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The low ion. It permit piene price provides only	1	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?	
g physic g physic certificate riol-trons ental Hyg fem 18 sl	CAL CERT	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I O	R PART 2)	
offending offending offer this of the bund Mchand Mchand Mchand Mchand Mchand Mchand Mchand or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	IRM, ETC)	21f LOCATION STREET	CITY OR TO	wn c	OUNTY STATE	
spitol or Spitol or CTOR: A Ifor use of Healt		sow the deceased alive on	tal) attended the deceased from		nd that in (my) (our) opinian d	_, to	, 19 \$	from the couses stated	ost
Y the hoy the hoy and DIRE detached detached of the Dept.		22b. SIGNATURE	h. Paulu			MEDICAL STAI	FF	224. DATE SIGNED	
etoined by the TO FUNERAL should be definite the Store with the Store MAPORTANT.		Adoració	n B. PAULI		300 S. Cov	Kling	But. 1.	41.21229	1
BP	1	Burial, CREMATION, REMOVAL SPECIFY) Burial			Redeemer C	em. Ball t	imore,	Mary land	
DHMH - 16 60M 7/84 (VRA 15, 4)	34. FU	DOO E. Baltin	A. Moran, Jnc	· Fu	uneral H8mel 1.21224.	10 By REGISTRAR 18 1987		SIGNATURE	2

STATE OF MARYLAND

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STATE OF MARYLAND

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U. J. F	573 111	412	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	7 1 8 6
	. m=		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	y be		EDITH	S.	WOLFF	JUNE 19, 1987	11 P. M
to	ge 4 may be ector, page (urs after deatl	3. SE	FEMALE	CAUCASIAN	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER LYEAR IF UNDER 24 HRS
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AND 2120	filled in	130. 5	STATE MD 136 BA	OTHER INSTITUTION, GIVE RESIDENCE BEFORM	YES NO NO	13. STREET ADDRESS / ZIP COI	0 781VE 21209
MARYL	ompletely and 2 p	30"	THER'S NAME FIRST EDWARD	MIDDLE SILVER		DENA	SOCOLOFF
BALTIMORE,	Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 214-03-		VALLEY RDS. STE	VENSON, MD 21153
II., BALT	rtificate b physicia anpopers, emavol.		PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), a D BY: TE CAUSE (a)	PARPIPATORIN	APPEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I W. PRESTON	shot the depth ce d by the offending logs remove corbo iol, cremotion, or ri or other troumatic.		Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	/	INFARCTION	
RDS, 201	equires, n signed Then pli r to buri injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	minal disease or condition g	IVEN IN PART Ita
AL RECO	he fow ron. hos bee t permit. iene prio	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \(\text{ NO }
OF VIII	SICIAN: T ng physici certificate riol-tronsi entol Hyg	10	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
DIVISION OF VITAL RECORDS,	IG PHYSIC ottending ler this cer s the burio o and Ment	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	TTENDIN pital or TOR: Aft for use o of Health		saw the deceased alive or	ot) view the body after death	S, and that in (my) (Corropinio	n death accurred on the date and h	our and from the causes stated
	AL OR A the hos AL DIREC detoched ote Dept. IT: If them		22b. SIGNATURE	ulem	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	June 20,1987
	TO HOSPITA TO FUNERA should be de with the Stot		22d PHYSICIAN'S NAME (TYPE OF Philip F.		27e ADDRESS / 2435 W.	Belvedere Avenue	
	5 € 5 € ¥ ₹+	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION BAL	TO COUNTY STATE
	RP		Burial	June 21, 1987	Druid Ridge	Pikesville.	Mary land

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR (VRA 15, 4)

Sol Levinson & Bros. Inc. 6010 Reisterstown Rd. 25 DIN 24 1987

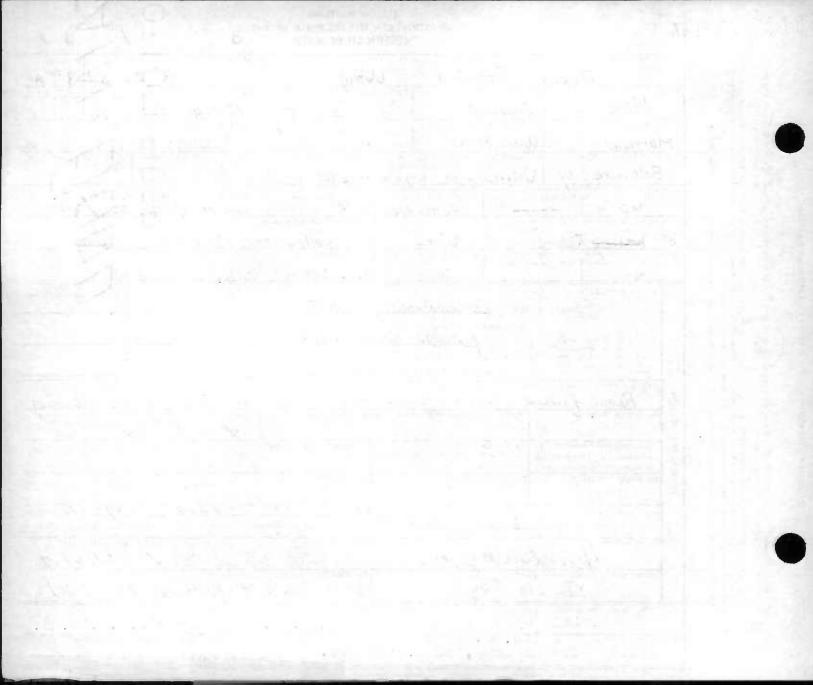
THE STREET STATE OF THE STREET STREET

STATE OF MARYLAND

8 / REG. N	10.	7	-1	8	
TE OF DEATH	MONTH	DAY	YE AR	26 HO	JR

2100	1			STATE OF MARYLAND		
3 1 9 9 JUL -	1 17	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE R	17187
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
may be page 3		Devor	Toon-Ting	Wong		6 24 87 840 AM
	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4 ector		Male	Oriental (6 12 87	12 days	VRS 0 12
Page direct	70.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
death.	51	Maryland	United States	WIDOWED DIVORCED	Baltimo	re City MD
with with	10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	
A P P	5	Baltimore city	University of M		None	
4 hour	US0	UAL RESIDENCE (IF HERSING NOME O STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	READMISSION)	13. STREET ADDRESS	ZIP CODE Balto Md.
24 filled puld	Suite BARTE	MD -	Balti		419 N. (harles st. / 21201
thir tety 2 sh		FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	IAME MIDDLE	LACT
ond ond	1 (Emond Richard	d Won	a Kelley	Ann Fitzh	igh Wong
5 Support Support	§ 16a.	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC		ADDRE	
n and c		NO OF UNKNOWN) (IF TES, GI	Non	e Mr.Richar	d Wong. Sar	me as above
sicio pers of.		18. CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b), c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physici npaper maval.			TE CAUSE (0) Cardiopul	monary arrest		
h cert orbo or re		WWCDIA	DUE TO, OR AS A CONSEQ			
		Conditions, if any, which	(b) possible			
the deat the attent remotion, ther traum		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	7		
0 0		underlying couse lost.	(Drematur			
N 0 0 -				DEATH BUT NOT RELATED TO THE TEL		DITION GIVEN IN PART TIO
an plant	O N	Renal fail	use, Severe Ho	poline membrane di	sease, Pate	nt durtus arteriosus
been rmit. I priar	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHY	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The lorician. The has need has shows	1 6				YES NO	YES NO
Z S O D T ®	1 8	210. ACCIDENT WAS UNDERLYING	- 110110 4 44 44 64 1711	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
IYSICIA ding ph s certifi burial-ti Mental	/ A	OR CONTRIBUTING CAUSE OF DE	^****	19		
T 6 6	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
DING P or after the e as the alth and marked	>	AT WORK AT WORK				
TTENDING pital or o :TOR: Afti for use as of Health 21 is mark		22a. I certify that (1) (this hasp	ital) attended the deceased fram	6-19 19 8	7_,10_6-20	, 19_87_, that (I) (we) last
TTEN Porto for u	100	saw the deceased alive a	6-24 19. ot) view the bady after death.	ond that in (my) (aur) apinio	on death accurred an the de	ate and haur and fram the causes stated
DR A has ched ched ched them		226. SIGNATURE	0 7	DEGREE		22c. DATE SIGNED
		you-	Lin Jang, M.	D. ATTENDING PHYSICIAN	MEDICAL STAI	IAN 6/24/87
SPIT.	1	226 PHYSICIAL STAME (TYPE	OR PRINT)	22e. ADDRESS		
TO HOSPITAL retained by the TO FUNERAL should be determined by the Stote IMPRORTALT.		Yui-	Lin lang	22 S. Gree	ene St. Baltin	noise MD 2/201
she will	23a	BURIAL, CREMATION, REMOVA	L 236. DATE 236	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
BP		(SPECIFY) Burial	6/29/87 G	len Haven Mem.P	k. Glen B	urnie, A. A. Co. Md.
		FUNERAL DIRECTOR BE	alto.Md.21230	25a. D		25b. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/8	4	McCully Fune:	ral Home. 130 ESS	E. Fort Ave.	IIIN 7 0 inon	K . 1 &

DHMH - 16 60M 7/8 (VRA 15, 4)



completely filled in by the funeral director, page 3 and 2 should be filed within 22 hours after death

death certificate be executed within 24 hours after death. Page 4 may be

0 5 8 455 JUL - 0 9 STATE REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

1	1	7	- 1	8
-	1		Ñ	
REG. NO.				

8

- 1	0	REGISTRAR			CERTIF	ICATE OF D	EAIN	RE	G. NO.		1		
		CEASED NAME FIRST	M	IDDLE	L	AST		20 DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOU	JR
	(TYPE	ORPRINT) VIR4	1E		h	OODEN		(6	28	87	8.4	+5PM
	3 SEX	F	4 RACE BLA	LK	5. DATE C		YEAR 1918	AGE (IN YEARS LA		MON	NDER I YEAR	IF UNDER	24 HRS MIN.
C	BIF C	OUNIRY)	76. CITIZEN OF V	VHAT COUNTRY?	1	D PNEVER A	- 10	BALTIMORE CI	TY OR COL	man a	DEATH Co.	ringo	MD.
2		SALTMORE	SINA	OSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	BALTM		120 USUAL OCCU (TYPE OF WORK FOR N	OST OF WORK		12b. KIND C INDUSTRY		SSOR
1/2/	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		13c. CITY OR TOW	VN		NO []	30 STREET ADDR					GET
1	14 FA	THER'S NAME PIRST 3	NIDDLE OKS	LAST		7ary		MIDE			212	51 -	
		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GIV UNKNOWN)	E WAR OR DATES	219-01-6		17 INFORMA	HART	wood &	PILL	KASK	MHA	46.	14
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		line for (a), (b), or		WON.					BETWEEN	ONSET AND	
	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	(c)	as a consequ	ENCE OF	NOT RELATED		NAL DISEASE OR	CONDITION	n GIVEN	IN PART I	0	¥
}	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	INC		ERE FINDI		TH?
	- 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER_NOTIFY MEDICAL EXAMINES	CI II	A. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE O	F INJURY IN ITE	M IS PART I	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE		211 LOCATIO		C1TY	ORTOWN		COUNTY	S	STATE
		270.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE)	6.2	7 19	87,0	DEGREE	TTENDING _	eoth occurred on the	STAFF		22c. DATE	that (I) (secouses state SIGNED 28 4	oted
_		22d. PHYSICIAN'S NAME (TYPE OF	4	Reo		22e ADDRES	1 4651	DIRECTOR PH	BALT	170	RE	SPL1.	
		BURIAL, CREMATION, REMOVAL		9.0		CEMETERY OR C	REMATORY	23d LOCATION CITY OF TOY	ı		OUNTY 2	12:	UATUR .

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical exam TO FUNERAL DIRECTOR, After this certificate has been signed, by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

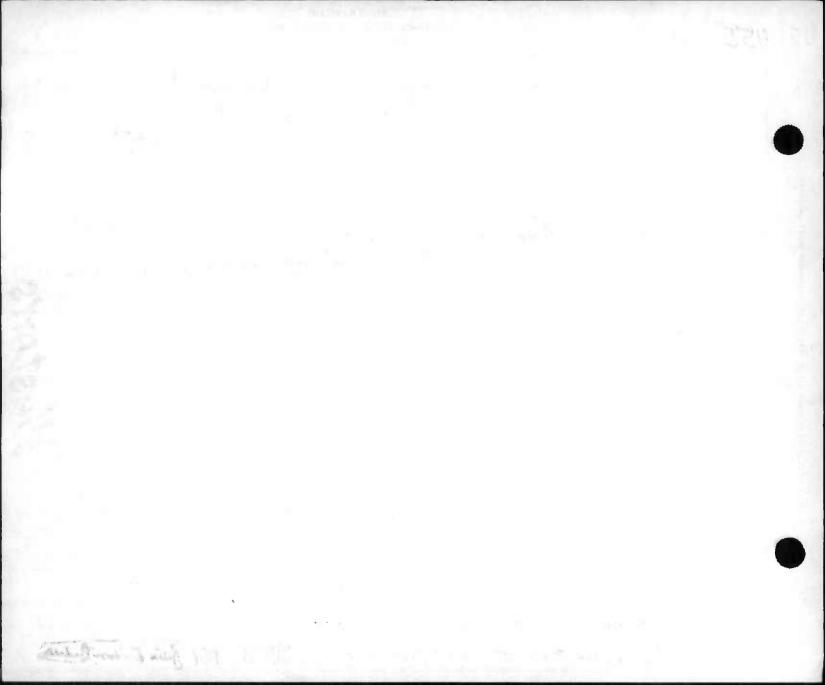
etained by the haspital or

BP.

(VRA 15, 4)

THE FUNERAL DIRECTOR PHASE C3 3000 91/man St

BY REGISTRAN AND REGISTRAN CONTROL OF THE PROPERTY OF THE PROP JUL 2



4905 York Road

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	. 84			EASED NAME	FIRST		WIDDLE		LAST		20 DATE OF DEA			YEAR	26 HOUR P
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7	or p	3	SEX		1	RACE		MOI	OF BIRTH	YEAR	6 AGE (IN YEARS LA	AST BIRTHDAY)	MONTH	DER : YEAR	HOURS MIN,
	oge rrect		0.10	Female		Whi			y 29, 19	30	87		RS		
	neral d n 72 ho	4	C	THPLACE (STATEOR DUNIRY)	FOREIGN 7	CITIZEN OF	SA	MARE WIDO	ED NEVER MAR		Baltimore C			EAIN	MD
	with with		10 C11	Y OR TOWN OF DE	ATH 1			URSING HOME	OR OTHER INSTITU	TION	120 USUAL OCCU			b. KIND OF	F BUSINESS OR
201	fled fled	2		Baltimore		830 W	. 40th	n Stree		207	Home				Home
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	filled in rould be	5	13a S	MD	13b. COUN		13c. CITY OR		13d INSIDE CITY		13e STREET ADDR	ESS / ZIP C 40th	St.,	21	1211
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ORE	n ond o			AS DECEASED EVER		WAR OR DATES)		SECURITY NO	17 INFORMANT						
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TS Z	ing probability is every		- 1		IMMEDIATE	CAUSE (o)	may	ingines	non o	VVU	7				
STO	e deoth ce nave carb lotion, ar froumatic			Conditions, if any	which	DUE TO, C	R AS A CONS	SEQUENCE OF	atic 1	100	lann	na	v 1		
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<u>₹</u>	ed by the lease rel all, crem or other			underlying cous		(6)	IR AS A COIN.	SEQUENCE OF							
5, 20	uires ti signed nen plea o buna ury, or		z	PART 2 OTHER SIG	NIFICANTO	ONDITIONS C	ONTRIBUTING	G TO DEATH B	IT NOT RELATED TO	THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN	PART II	,
ORG	been mit. The prior to any inj	\dashv	CERTIFICATION	190 DATE OF OPERA	TION	19h COND	ITION FOR W	VHICH OPERAT	ON WAS PERFORM	FD	200 AUTOPSY	20b. I	F YES, WEI	RE FINDIN	IGS USED
REC		2	FIC								YES NO	IN C	ERTIFYING YES	CAUSES	OF DEATH?
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٩	SICIAN ng phy certific riol-tre ental H			OR CONTRIBUTING			.M. MONTH	H DAY YEA							
O	HY India		MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY	OFFICE FARM, ETC 1	211 LOCATION		CITY	ORTOWN	C	OUNTY	STATE
NSI N	NDING Plan after the Use os the Health and is marked	- 1	2	AT WORK AT WO	ORK ORK	(AI HOME S)	REEL PACIONT, C	DEFILE FARM, EIC)				225			,
۵	NDIP I ar NS Al	- 1		220.1 certify that (I		al) attended th	he deceased t	0	2	19 85	, to	VKE	160		that (1) (we) lost
	Sprite CTO J for of h	- 1		sow the decease aboye, (I) (we) (sed olive on_ did) (did not	view the body	ofter death	19	and that in (my) (au	r) opinion (death accurred an	the date and			
	OR be hor DIRE Dept Her if Her			276. SIGNATURE	1,10	0	011	-	DEGREE	NDING	MEDICAL _	STAFF	1	22c DATE	SIGNED
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V-	HOSPITAL FUNERAL Suld be det th the State	Л			MANUE CHIPTICA	THE PERSON NAMED IN					\				
	TO HOSPITAL Oretained by the TO FUNERAL DI should be detact with the State De IMPORTANT: If IMPORTANT: If I	1	22- 2	Dr. Will			lott,				Street		.0.	MD	
				SPECIFY)	,	23b DATE 6/18	2/07		CEMETERY OR CRE	MATORY	23d LOCATION	WN	cou		STATE
	BP	- 1	24 FU	Crematic NERAL DIRECTOR					Mount	25a DAT	Balto.			MD SIGNATE	URE
	DHMH - 16 60M 7/8- (VRA 15, 4)	4		05 York						JU	N 23 400	7 4	dia Da	pider	Randall
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(VRA 15, 4)

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	CEASED NAME	FIRST	A	AIDDLE	L	AST		2a DATE O	DEATH MONT	H DAY	YEAR	26 HOUR	_
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	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIMO	RE CITY OR CO	UNTY OF	DEATH		
	EST VIRG	INIA	U.S	.A.	WIDOWE	_	ONORCED [Ba	ltimore	City	7		MD.
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	laryland ATHER'S NAME		7/10	Daltillor		S MAIDEN NA		irrarea.	Avent	<u>le 21</u>	222	_	
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160 \	Kelly	ER IN U.S. AR	A. MED FORCES?	WOODS		17 INFORM	ina		V. ADDRESS		Ca	rpente	r
(yes, no or unknown NO	(IF YES, GIV	E WAR OR DATES)	232-22-4	143	Ardei	J. Woo	ds 36	22 Gree	nvale	Rd.	21229	
	18 CAUSE OF DE PART I. DEATI	H WAS CAUSE		line for 101, 161, and TSCHEM		HEAL	ET DI	SEASO	Ε		BETWEEN	MATE INTERVAL ONSET AND DEAT ARS	н
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-	218. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	ALIN .	M. MONTH DA	Y YEAR	21c HOW	NJURY OCCURI	RED (ENTERN	NTURE OF INJURY IN IT	EM IB PART	OR PART 2)		
MEDICAL	21d INJURY OCC	URRED	21e PLACE ((AT HOME STR	OF INJURY EET FACTORY OFFICE F	ARM ETC)	211 LOCAT			CITY OR TOWN		COUNTY	STATE	
				deceosed from_			19		ed on the date of			that (I) (we) I	

Baltimore

Md/

sow the deceosed alive an obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

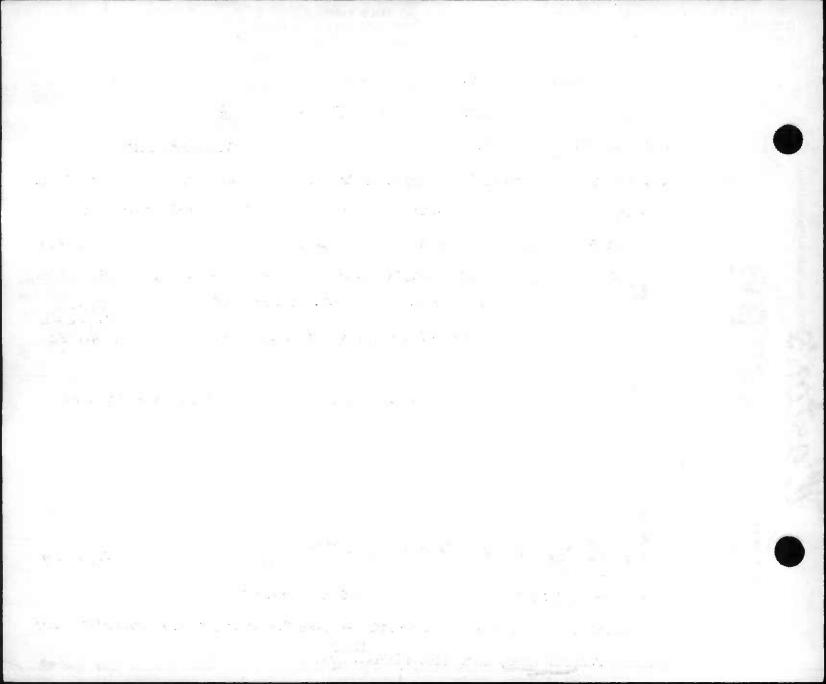
22e ADDRESS

306 E. Joppa Rd. George N. Karkar

230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE (SPECIFY) Catonsville 6/4/87 Security Process Crem Cremation

24 FUNERAL DIRECTOR 21229

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 4107 Wilkens Ave. Hubbard Funeral Home, Inc.



(VR A15 ME (5))

STATE OF MARYLAND

RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENI	7	REG.	NO.	7	37 July 8	y		4
LAST	2-	DATEO	DEATH	ALCONTAL	DAY	VE AT	1	01 1	7

acona.	mar A	-						E OF MARYLAND			
058006			FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	B REG. NO.	7 1	9 2
			CEASED NAME FI	IRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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(ow	erd	3 SEX		4	RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
ge 4	rs at		Female		Blac	e k	2 MONT	16 04	8 3 YRS		HOURS MIN.
00	1 12/2		RTHPLACE (STATE OR FORE)	IGN 71	L CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
soth.	1360	1	N.C.		USA		WIDOW		BALTIMORE CIT	Y	MD.
op 1	-	10. CF	TY OR TOWN OF DEATH	1	1. NAME OF	HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
offee sy thin	pe de	В	ALTIMORE		(IF NOT IN SUC	HE JOHNS	HOPKI	NS HOSPITAL	TYPE OF WORK FOR MOST OF WORKING	(LIFE) INDUSTR	Y
MARYLAND 21201 PER QRWhin 24 hours o	must be	13a S	L RESIDENCE (IF NURSING ITATE 13b	HOME OR O		GIVE RESIDENCE BEFORE 130. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO 815 N. Wash	DE ington	St.2123
YLA S S Shin	2 sh	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME		
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S. E. A.		16a. W	AS DECEASED EVER IN U		ED FORCES?	THE COCIAL SECT	DITYNIO	17 INFORMANT	ADDRESS		
N ST., BALTIMORE, MARYLA N WM ZANE PER CEMPLE BEREGGERAHIN THE BEREGGERAHIN THE PHYSICION AND COMPLETE	g physician and conpopers. Pages remayal.	N,	ES, NO OR UNKNOWN) (IF	F YES, GIVE	WAR OR DATES)	218-03-	98na	Gladys Eli	815 N. Washi zabeth Jacob	ngton	St. 2123
BAL A Sole		7	18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only	one couse per	line for (a), (b), on	d (c).)				DXIMATE INTERVAL N ONSET AND DEATH
ST., B. WM. MM. MR.			PART I. DEATH WAS CAUSED BY: IMMEDIATE CARDIO PULMONARY ARREST IMMEDIATE								
STOI DE leath	ive carb		Conditions, if any, wh	hich	DUE TO, O	R AS A CONSEQUE	PULN	ONARY FAILURE		2 н	IOURS
	remo		gave rise to immedicate (a), stating underlying cause (the	DUE TO, O	R AS A CONSEQUI	NCE OF	FUNCTION		6 D	DAYS
ON ON	4	5	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
RDS, NO		NO.	RECENT HIP FRACTURE								
DIVISION OF VITAL RECORDS, 201 RELEASED NON NG PHYSICIAN: The low requires th r attending physician.	112	CERTIFICAT	190 DATE OF OPERATION 6/18/1987	7	196. COND	RIGHT I	OPERATION F	N WAS PERFORMED RACTURE	200 AUTOPSY? 20b. IF Y	(ES, WERE FIND TIFYING CAUSE YES [7]	OINGS USED ES OF DEATH?
OF VITAL RELEA ICIAN: The	Hygin 18 sh	CER	210. ACCIDENT WAS UNDERLY	YING	216. TIME O	FINJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)	
EI EI Phy	Mental Hygor stem 18 s		OR CONTRIBUTING CAUS		HOUR 5	M. 6/12	AY YEAR	FALL AT HO	MF.		
HYSIG ding	Men or He	MEDICAL	21d INJURY OCCURRED		21e PLACE	OF INJURY	1.0	211. LOCATION	BALTO	COUNTY	
/ISIG	the and ced	W.	WHILE NOT WHILE	3	HOME STE	REET, FACTORY, OFFICE, P	ARM ETC)	STREET N. WAS		205	STATE
DINC o o	Health and	13		_		e decensed from	6/1	10 87	6/25. 21	87	that (I) (we) last
O.S. O.S.	E E		27s I certify that (I) this saw the decoming of	alph an	6/25	19	87	nd that in (my) (our) agus	South occupant make worter of which	con and from th	m causes stated
R ATTEN hospital	5 2 4		obove, (I) (ye) (did)	/dig not	view the body	after death.		DEGREE	HOARTON APPROVED BY MEETING	EXAMINER 77/ DAT	TE SIGNED
AL OR AL DIR	detache ate Dep		. (4)	tte	(De	DWD			MEDICAL TAFF DIRECTOR PHYSICIAN		25/1987
SPIT OF BY	th the State		224 PHYSICIAN'S NAME		Paris I			22e ADDRESS			
HOSPI ained b	POR P		PETER LOEI	D				ЈНН			
0 5 2	5 3 ₹	-			T			-			

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

6/30/87

Mt. Auburn Cem.

Balitvimore,

STATE

24 FUNERAL DIRECTOR C. March F/H 1101 E. North Ave. AY RECUSTRAR ISBURE DOTRAMESTONATURE

SECUTION HISER

ertor, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF DEATH 1. DECEASED NAME FIRST MIDDLE LAST 20 DAT

	ECEASED NAME FIRST	WIDDLE	LAS	1	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
1	A L	3	,) us	he		6-128	-7
3. SI	X , 4	RACE	S. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
	MAIR	BIK	5-	-17-36	57	YRS.	DAYS HOURS MIN.
70 E	COUNTRY)	CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEA	TH
	N.C.	USA	WIDOWED		150	40.	Mi
10 (CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 		OTHER INSTITUTION	120 USUAL OCCUPATE		(IND OF BUSINESS OR
HSI	Baldo JAL RESIDENCE LIF NURSING HOME OR OIL	2427 1.	Lan	vale St.		HITLIAG	ISIKI
130.	MD 136 COUNT	Y II36 CITY OF TOW	to. 1	3d. INSIDE CITY LIMITS? YES NO [E. Lanva.	10 57
II4.F	ATHER'S NAME FIRST MI	DDLE	1 1	5. MOTHER'S MAIDEN NA	ME		2 LAST
1	George 1	K. Wyci	he	Tlettie		+	arker
	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 244-4	8-8090	7 INFORMANT	ADDR	ESS	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line far (a), (b), and	111	0	00	O BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	IMMEDIATE		Talle	- Squamo	us al	2	
		DUE TO, OR AS A CONSEQUE	NCE OF	accinena	of the co	nhagara	
	Canditions, if any, which	(b)			V	-	
	cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				
	underlying cause last.	(c)					
z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO E	EATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(a)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	ODERATION	WAS DEBEORUSE	Lan AUTODOVA	Tool IF VEC MERE	THIS HIS SHOP
FIC	THE DATE OF OPERATION	176 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?		AUSES OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES [NO []
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR	IN HOW HOOK I OCCOR	(ENTER NATURE OF INJUI	RY IN HEM IS PART FOR PA	(RT 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	PIF LOCATION			
WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE FA		STREET	CITY OR TO	wn cour	NIY STATE
	220.1 certify that (I) (this haspital) ottended the deceased from		Fel- 19 87		12 19 P	that (1) (we) last
	sow the deceased alive on above, (1) ((a) (did) (did nativ	6 10 19	67, and	that in (my) (our) apinion	death occurred an the do	ate and hour and fro	
	TATE OF THE PARTY	new the bady after death	DE	GREE		220.	DATE/SIGNED!
	Wani 1	Il John	- 1	ATTENDING PHYSICIAN	MEDICAL STAN		6/17/27
1	226. PHYSICIAN'S NAME (TYPE OR PI	RINT)		22e ADDRESS			
	Pavis 1	2 Hahn		SGOI Lac	h Kave	n Block	21239
230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	6-22-87 23c. N	Balt	TETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	Mr.
24 F	UNERAL DIRECTOR	-11		25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SA	GNATURE
	Jeff Miller	F.H. 1639	N. B.	randway J	UN 1 9 1087	Adia Dend	con. Rendals
				7			

DHMH - 16 50M 1/81 (VRA 15, 4)

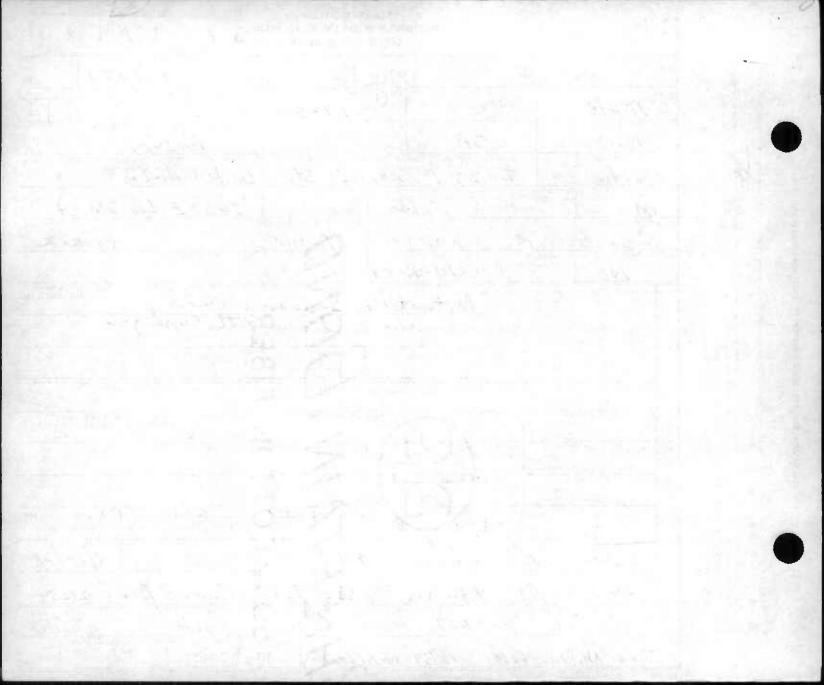
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

injury, ar other traumatic =:

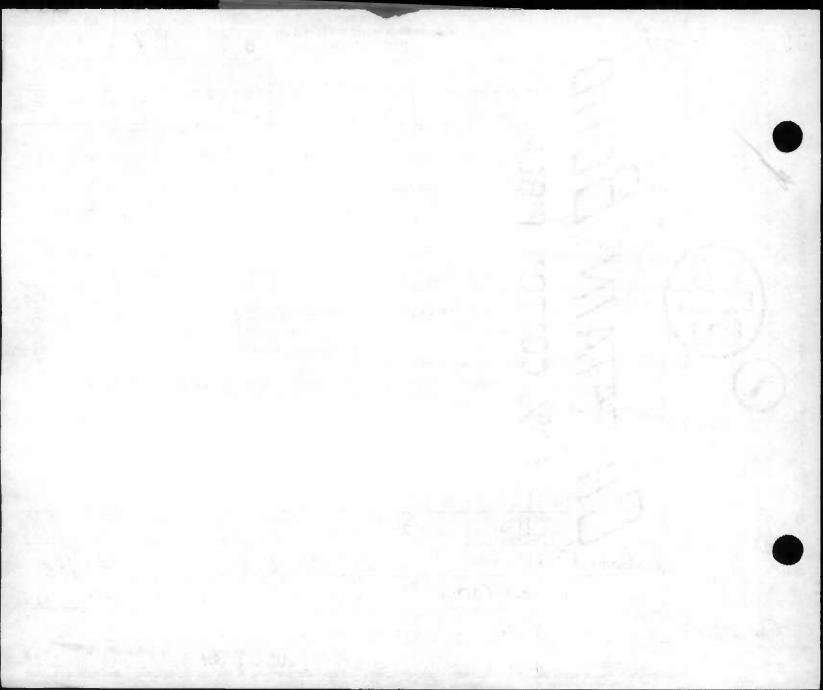


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1	7 1 9	3 4									
	ECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH D	PAY YEAR	26 HOUR			
1	Archi	e	Wy	nn, Jr.		6 2	29 1987	Λ.			
3. SE	X	4 RACE	S. DATE (& AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS			
	male	black	MONTO 7	25 10	76	YRS	ONTHS DAYS	HOURS MIN.			
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH				
	VA	USA	WIDOW		Baltimore	city		MC			
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	, NURSING HOME (12a USUAL OCCUPAT	ION	126 KIND OF	BUSINESS OR			
	altimore	3311 Woo	dland Ave	nue	Retired	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Steel			
13a.	STATE 136 COU	NTY 13c. CITY	or town timore	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	zip code and Av	/e. 21	1215			
14 F	ATHER'S NAME FIRST Archie	Wynn,	LAST	15. MOTHER'S MAIDEN NA Margaret	ME Loui	Se	LAST				
	WAS DECEASED EVER IN U.S. AF		IAL SECURITY NO.	17 INFORMANT	ADDR						
	(YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES) 227-	10-9750	Elizabeth Mo	rten 3311 W	oodlan	nd Avenu	ıe			
CERTIFICATION	PART 2 OTHER SIGNIFICANT A CA SET ES	conditions contribut Mellitu 1196 CONDITION FOR	S		ZOG AUTOPSY?		EN IN PART 1:0				
1 IFIC					IN CERTIFYING CAUSES OF			OF DEATH?			
	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN 17EM 18 PART 1 OR PART 2)						
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	WN	COUNTY	STATE			
	27a.1 certify tho (II) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19										
1	278. SIGNATURE	dun	/	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAI		ne DAJES	OS7			
	Janice He	rbert-Carte		3319 W.	Belvedere	Ave	Balt	9/2/5			
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/3/87		EMETERY OR CREMATORY W Mem. Pk.	23d LOCATION CITYOR TOWN Baltimor	e	COUNTY	MD			
	uneral director n. C. March F/H	West 4300 Wa	abash Avei	nue JU	E REC'D, BY REGISTRAR	25b. REGISTR	PARS SIGNIP	-			

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)



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NOTES OF SHEET TO THE PROPERTY OF MARK THE PROPERTY OF THE PRO

STATE OF MARYLAND	
ARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	C

DEP

REG. NO.	- /	· ·	7	Q
20 DATE OF DEATH MONTH	4	87	10,3	JR 3.6 1
6 AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER TYEAR	IF UNDER	24 HRS
68 YRS	MONI	HS DAYS	HOURS	MIN.
9 BALTIMORE CITY OR COUN	TY OF	DEATH		

V | REGISTRAR DECEASED NAME (TYPE OR PRINT) JLYSS ES YATES 3. SEX 4 RACE 5. DATE OF BIRTH YEAR To BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED Bakto. WIDOWED DIVORCED TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 134 INSIDE ITY LIMITS? NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) CAR DIOPULMONARY CAUSE OF DEATH (Enter only one cause per line for ARREST PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PULMONALE Conditions, if any, gave rise to immediate COPD. cause (a), stating DUE TO, OR AS A CONSEQUENCE OF SATED underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NIL N NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 1-1 NA A (IF EITHER NOTIFY MEDICAL EXAMINER) P M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET FACTORY, OFFICE, FARM ETC) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 27., and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated 6-24 saw the deceased alive on 6 - 24 abave, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS HORRITAL JULKA SECOUR

MPORTANT 230 BURIAL, CREMATION, REMOVAL DHMH - 16 60M 7/84

FOR

- STATE

NO []

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

YES []

COUNTY

22c DATE SIGNED

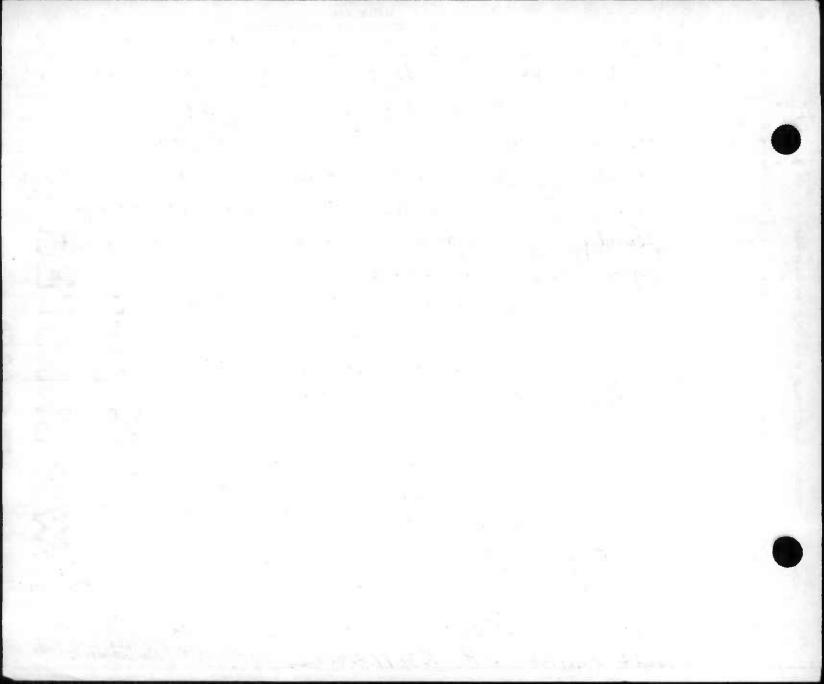
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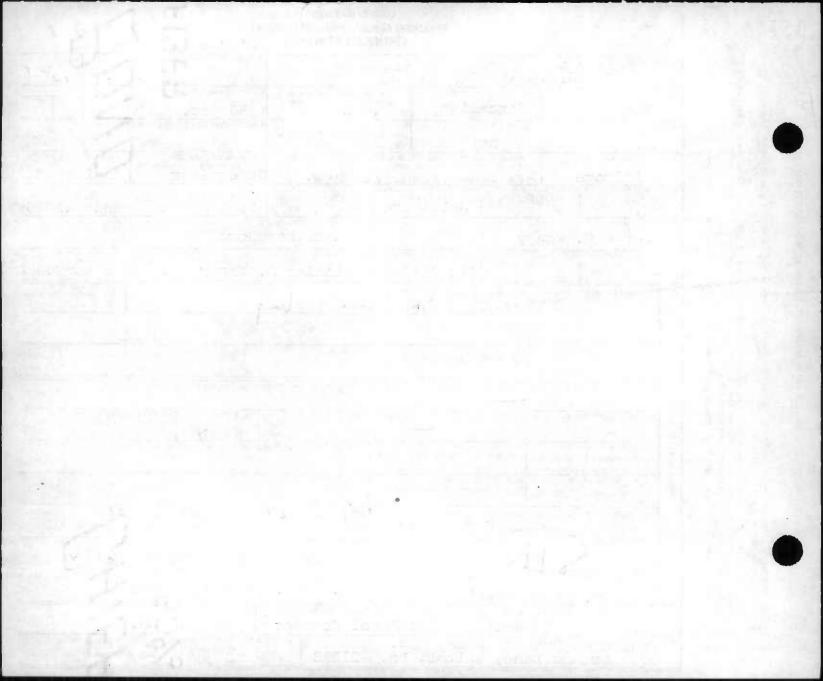
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G. NO.				- 4

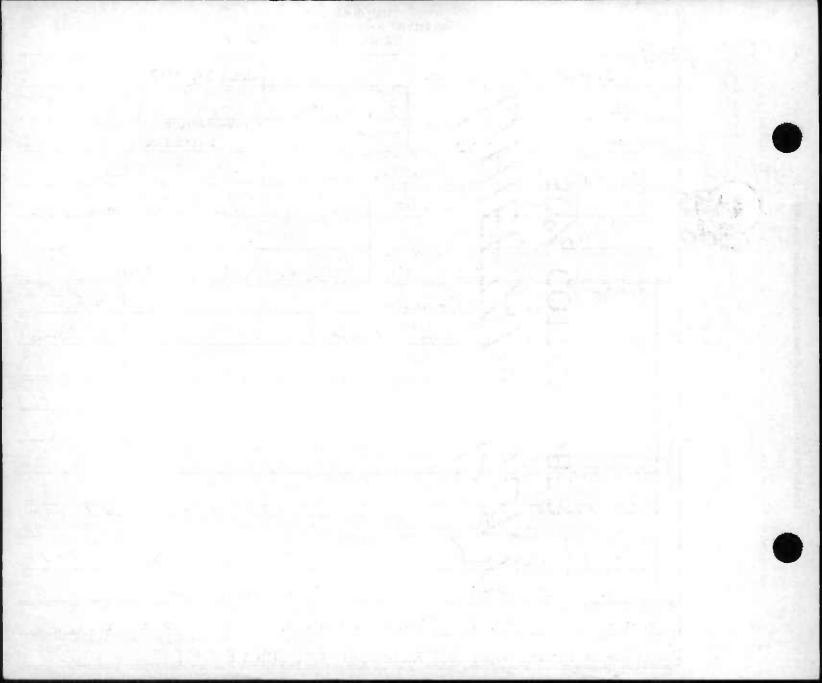
1	- STATE REGISTRAR			ICATE OF DEATH	B 7	D.	9 0
	PECEASED NAME FIRST PROPERTY John Jac	ob Yingling,		AST	June 15, 1	MONTH DAY YE	AR 26 HOUR
3. S	SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		
	Male	White	Jan	. 25, 1911	76	YRS MONTHS E	DAYS HOURS MIN.
	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY O		Н
M	lary land	U.S.A.	WIDOW	DXX NEVER MARRIED	Balti	more City	MD
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12b. KII	ND OF BUSINESS OR
	Baltimore,	1406 Del		nue 21211	Sales	F WORKING LIFE) INDUS Daii	ry
134	UAL RESIDENCE (IF NURSING HOMI STATE Md	DUNTY 13t. CITY.	PRIOWN Trimore	13d INSIDE CITY LIMITS? YES X NO		zip code wood Aveni	ue 21211
14.1	FATHER'S NAME FIRST Jesse	E. Yingling	S LAST	15. MOTHER'S MAIDEN NA/ Effie	E. Smith		LAST
160	WAS DECEASED EVER IN U.S.		IAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
	YES, NO OR UNKNOWN) (IF YES,	WWII 215	03 5092	Dorothy N. Y	ingling	Same	
		only one couse per line for to ISED BY:	PUMONIA				PROXIMATE INTERVAL VEEN ONSET AND DEATH
CERTIFICATION		DUE TO, OR AS A CO	ING TO DEATH BUT		INAL DISEASE OR CONI	20b. IF YES, WERE FI	NDINGS USED
I					YES T NOT	IN CERTIFYING CAL	USES OF DEATH?
EDICAL CER	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON (NER) P.M.	NTH DAY YEAR 19 Y	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI		
2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)	SIREL	4.4.		
	saw the deceased alive	on	19_ 87.0	nd that in (my) (aur) apinion	7 , to 6 / 5 death occurred on the do	ate and hour and from	, that (I) (we) lost in the couses stated
	22b. SIGNATURE	annel		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	F X 6	1787
	Dr. Richa	rd Diamond		27e ADDRESS 3547 (Chestnut Ave	enue	
230	BURIAL, CREMATION, REMOV		23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Burial	6/18/87	Meadow	Branch Cem.	CITY OR TOWN	Carroll Co	o. Md.
24	FUNERAL DIRECTOR				E REC'D. BY REGISTRAR		

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

Burgee-Henss Funeral home, 3631 Falls Road 21211 JUN 1 8 1987



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires thouther depth certificate be executed within 24 hours after death. Pretained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9

2	1.	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL	HYGIENE	REG. N		1 7	
		CEASED NAME OR PRINT)	Marga		B.	-	robsky	2a DA		MONTH 6	21 87	26 HOUR 10:00P
	3 SE	K		4 RACE		5. DATE C		6 AGE	(IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Fei	male	× 1.	Caucas	sian	5-	8-1910 YEAR	7	7 vrs.	YRS		HOURS MIN.
1	7a BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF		ITRY? 8	NEVER MARRIED	9 BAL	TIMORE CITY O	R COUN	ITY OF DEATH	
2	Md			USA		WIDOWE			altimo	re (City	MD.
20		TY OR TOWN OF DE	ATH				R OTHER INSTITUTION		UAL OCCUPATI			F BUSINESS OR
/	.50	ltimore				ospital	Corp.	Но	memake	r	Но	me
5		AL RESIDENCE IN NUR	136 COUN		13c CITY OR		13d. INSIDE CITY LIMIT YES NOXEX		REET ADDRESS			21237
2		ank Klim	a	MIDDLE	LAS	ī	Margare	NAME	Eberli		LAS	
7		VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT		ADDRE		212	
_	no	VES, IND OR CIAKING WIN)	(10 123, 010	E WAR OR DATES	213-0	5-7011	Eric Ros	enfel	d 1219	Ber		
		18 CAUSE OF DEAT PART I. DEATH V		ly pine couse per D BY: (E CAUSE (b)	line for tol, (Carcin	oma of	Colon				BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any gove rise to im couse (a), stati underlying couse	nmediate ing the e last.	(b) DUE TO, O	R AS A CON!	SEQUENCE OF	NOT RELATED TO THE					
	NO	PART 2 OTHER SIG	SIMIFICAIMI	CONDITIONS C	OIAIKIBOTIM	3 TO DEATH BUT	NOT RELATED TO THE	TERMINALDI	ISEASE OR CON	DITION	SIVEN IN PART IT	0
1	CERTIFICATION	190 DATE OF OPERA	ATION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	20b. IF	YES, WERE FINDI RTIFYING CAUSES YES []	NGS USED OF DEATH?
		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	THE STATE OF THE S		H DAY YEAR	21c. HOW INJURY OC	CURRED (EN	ITER NATURE OF INJU	RY IN ITEM	IB PART I OR PART 2)	
	MEDICAL	216 INJURY OCCUR	VHILE [21e PLACE (AT HOME, ST	OF INJURY REET FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
		220.1 certify that (I	sed alive an		21	07	-8 / nd that in (my) (aur) apo	nian depth a	6-21 ccurred on the de	ate and I	19 8 /	that (I) (we) last causes stated
ľ		22b. SIGNATURE	12	Mun.	ly	jobs	DEGREE ATTENDIN PHYSICIA	NG MED	ICAL STA	FF IAN	224. DATE	SIGNED 21/07
		22d PHYSICIAN'S N	Gori						Broadw re, MD			Hospita
	230.	BURIAL CREMATION (SPECIFY) Burial	I, REMOVAL	23b. DATE 6-25-	-87		emetery or crematons of Fai	ORY 23d	LOCATION CITY OR TOWN	alto	o., Md.	STATE
		SChemune					21213	UN 2		1 / 0	STRAR'S SIGNA	The state of the s

21213

Balto., Md

DHMH - 16 60M 7/84 (VRA 15, 4)

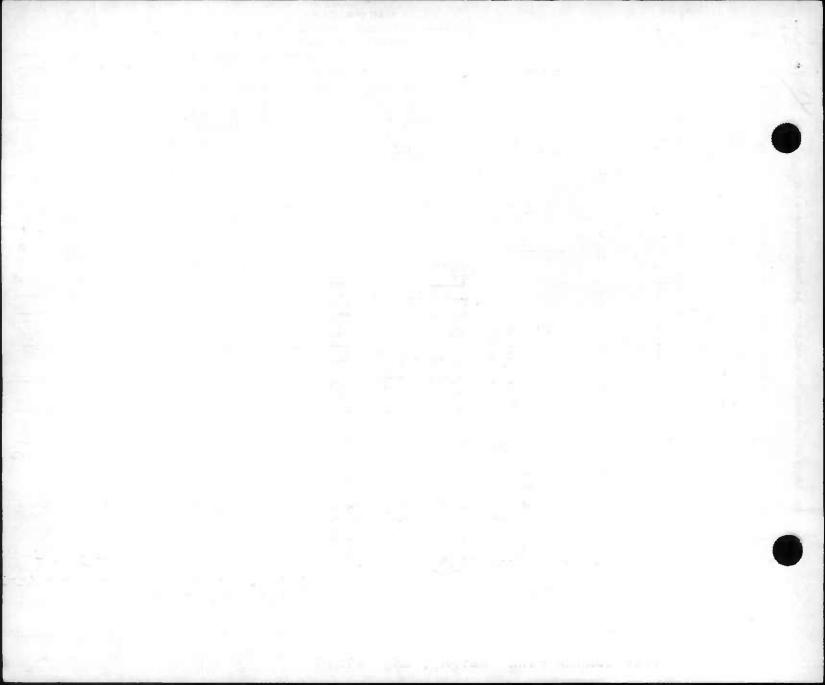
Brehms Lane.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-runn permit. Then please remove carbon papers. Pages (and 2 should be fried within 72 hours after death with the Strite Dept. of Health and Mental High run prior to burial) cremation, or removal.

injury, or other troumotic event, the

IMPORTANT If Nem 21 is marked or Nem 18 shows any



X		1.	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND FOF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8	REG. NO.	17	2 0	0
563	70	1. DE (TYPI	CEASED NAME FIRST OR PRINT) ANTHON	MIDDLE J. Z	Zej+LER DATE OF BIRTH	20. DATE OF	DEATH MONTH	P7	1 YEAR IF UN	A M
eoth. Poge 4	in 72 hours aft	7a B	Tale RTHPLACE (STATE OR FOREIGN 76. OUNTRY ARYLAND		ARRIED NEVER MARRIED DOWED DOWNED DOW	81 9. BALTIMOF	RECITY OR CO	UNITY OF DEA	TH	MD.
hours offen d	ld be filed with	B	TY OR TOWN OF DEATH ACT IMORE LA RESIDENCE (# NURSING OME OR OT TATE	NAME OF HOSPITAL, NURSING HIGH FOR HOSPITAL, NURSING HIGH FACILITY, GIVE PRICET ADDRESS OF THE HOSPITATION O	OME OR OTHER INSTITUTION SSION 13d. INSIDE CITY LIMITS?	MAINT	CCUPATION FOR MOST OF WORK	ING LIFE) INDL	RE D	EPT.
executed within 24	completely fill	I	THER'S NAME	Balto.	15. MOTHER'S MAIDEN NAME FIRST	625	MIDDLE	Wal	St!	#2122
certificate be exe	physicion and an popers. Page emaval.	((IF YES, GIVE W 18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	ne cause per line for (a), (b), and to.	Spratory A	rves	TLER ;	BALTO	MD.= APPROXIMATE IN TWEEN ONSET 2 - 7	21229 NTERVAL AND DEATH
that the death ce	d by the attending lease remove carbo ial, cremotion, or re or other troumotic e		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A COMSEQUENCE (c)	Fastoses LIVE	1 x Lo	long		Zun Zum	es
ow requires	os been signe bermit. Then pl ne prior to buri ws ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON 19a. DATE OF OPERATION	IDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	200 AUTO	PSY? 20b.	IF YES, WERE	FINDINGS U	
PHYSICIAN: The	this certificate he burial-transit and Mental Hygier d or Item 18 sho	MEDICAL CERT	?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, E	YEAR 19 211. HOW INJURY OCCURE 19 211 LOCATION STREET				ART 2)	STATE
R ATTENDING hospitol or off	IRECTOR: After thed for use as the ept. of Health or them 21 is morke		WHILE NOT WHILE AT WORK NOT WHILE AT WORK 270. I certify that (I) (the haspital) sow the deceased alive an above, (I) (we) (dra) (did not w 270. SIGNATURE	6-9 97		, to death accurred	f on the date on	d hour and fro		
# P P	should be detoch with the State De IMPORTANT: # H		22d. PHYSICIAN'S NAME (TYPE OR PR Robart (Scen in in	ATTENDING PHYSICIAN D	MEDICAL DIRECTOR [PHYSICIAN [160.10	10-9-8 Ud 21	201
5 5	₹ \$ 3 ≥	23a. F	URIAL, CREMATION, REMOVAL	3b. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCA	TION	COUNT		/

DHMH - 16 60M 7/84 (VRA 15, 4)

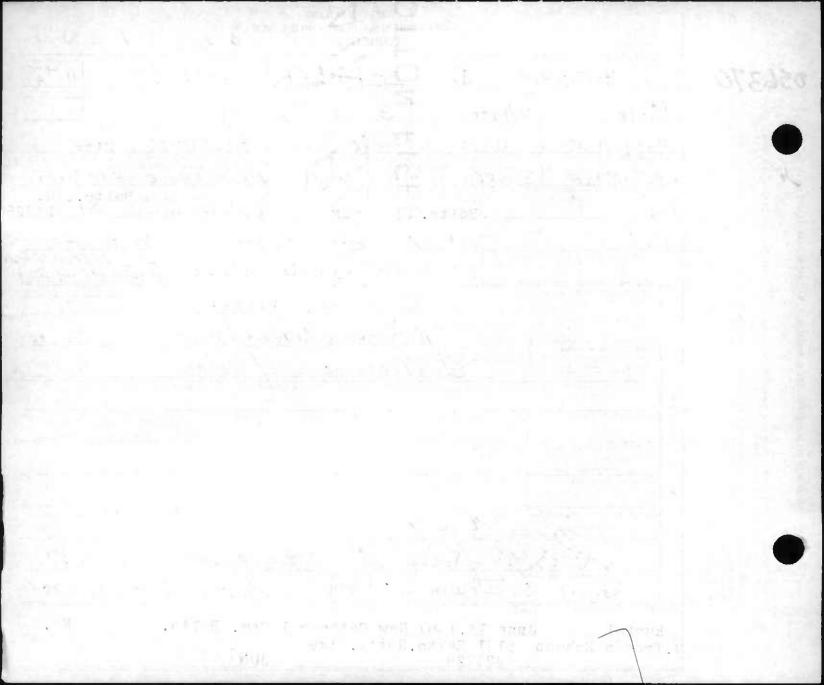
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

ral Cem. Balto. County Md State

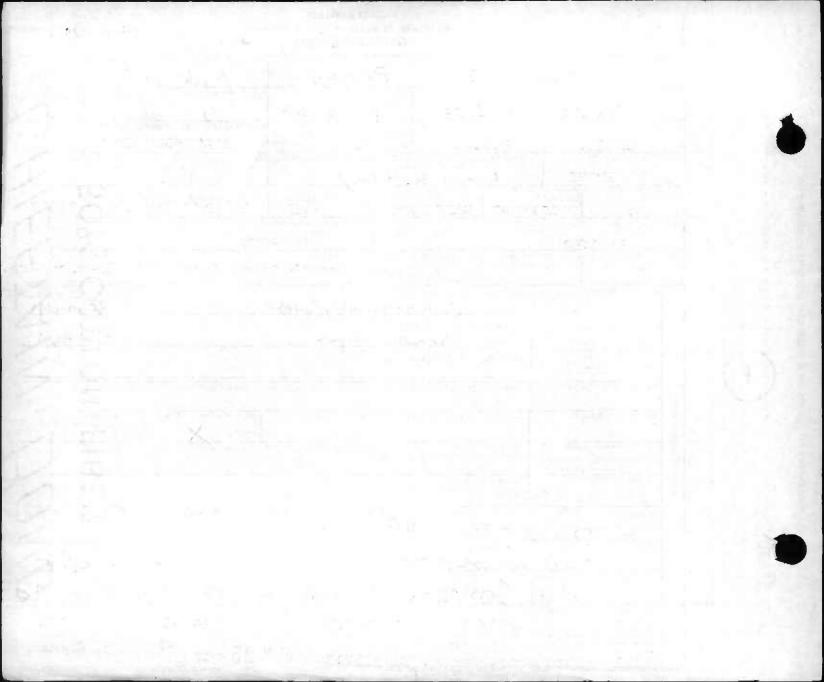
250. Date Rec'd. By Registran 250. Registranges ignature

JUN 1 1 1987 June 13.1987 New Cathedral

5151 Balto.Nat'l.Pike #21229



	1	500			E OF MARYLAND			
057538 JU	1121	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	7 2 0	
oy be			arbara A.	Zeman _ Z	Peman	20. DATE OF DEATH MONTH	20 7 8 7 EAR 26	HHOUR HHOPPM
oge 4 mg	- 0	SEX FEMALE	4 RACE WHITE	5. DATE (6 AGE LIN YEARS LAST BIRTHDAY	MONTHS DAYS HO	UNDER 24 HRS OURS MIN.
deoth. Po	1	CZECH.	U.S.A.	MARRIE		9 BALTIMORE CITY OR COUN BALTIMOR		MD.
203	5/	BALTIMORE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV	SCO H	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING HOMEMAKE)		USINESS OR
MARYLAND 2120 ed within 24 hours ministery filled in by	5		JNTY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN TIMORE	134. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO 13 DAYS ENI	D COURT 2	21237
	20	FATHER'S NAME FIRST UNKNOWN		AST	15. MOTHER'S MAIDEN NA/ FIRST UNKN	OWN	LAST	1024
BALTIMORE, one he execut speets Poperation, and to	2	(YES, NO OR UNKNOWN) (IF YES, G	COURT AND CORD AND CONTRACT	18-3603	17. INFORMANT A Joseph Z	eman (son) 2		1234 ley Ave
2 449 2		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	SED BY:	(b), and (c).)	airafory gires l		BETWEEN ONSE	PETAND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The factor of their continued by the attending post the buriol-tronal permit in penals and the buriol-tronal permit in penals and the buriol-tronal permit in the penals and the treatment of the penals and the penals and the penals.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CON	NSEQUENCE OF	500515		fix	day s
RECORDS,		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196, CONDITION FOR			20a. AUTOPSY? 20b. IF 1	GIVEN IN PART 110 YES, WERE FINDINGS	USED DEATH?
N OF VITAL IN OF VITAL IN OF VITAL IN OF PHYSICEL IN CERTIFICON IN CERTIFICON IN OF IN O	1 31	00.00.00.00.00.00.00.00.00.00.00.00.00.	EATH HOUR A.M. MONT		21¢ HOW INJURY OCCURR	YES NODE	YES N	NO []
DIVISION C DING PHYSIC or othending After this ce te as the buric oil hand Men morked for Ite		OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TEND) of the long of the long of the old of		220.1 certify that (I) This hosp sow the deceased alive o		19 75	nd that in (my four) opinion o	to 600		t (I) (e) lost
SPITAL OR AN TABLE OR AN TABLE OR AN TABLE OR AN TABLE OR A CASTOR OF TABLE OR TABLE		226. SIGNATURE	Dioron		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIG	NED
TO HOSPITAL retoined by the Stone with the Stole IMPORTANT:		22d. PHYSICIAN'S NAME TYPE	le Grossm		Francis S	scott Key to	940 Easte	in Ace
BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	6/24/87	HOLY	REDEEMER	23d LOCATION CIBALTIMOR	E COUNTY	MD'E.
DHMH - 16 60M 7/ (VRA 15, 4)	/84	SCHIMUNEK F	FUNERAL HOME Lane, Balt	GRESS INC.	1 1117	REC'D. BY REGISTRAR 256, REG. Julia	STRAPS SIGNATURE	ndres



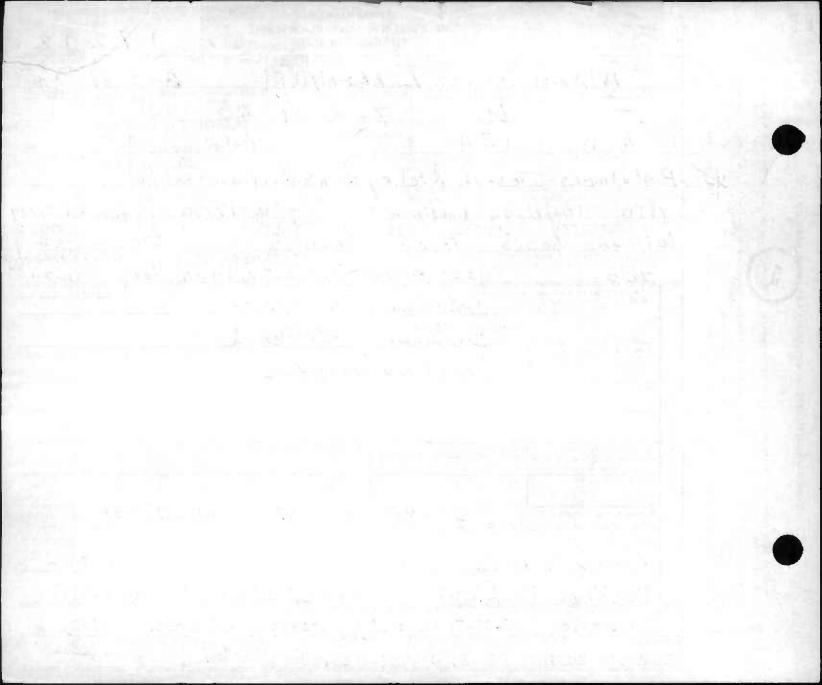
STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

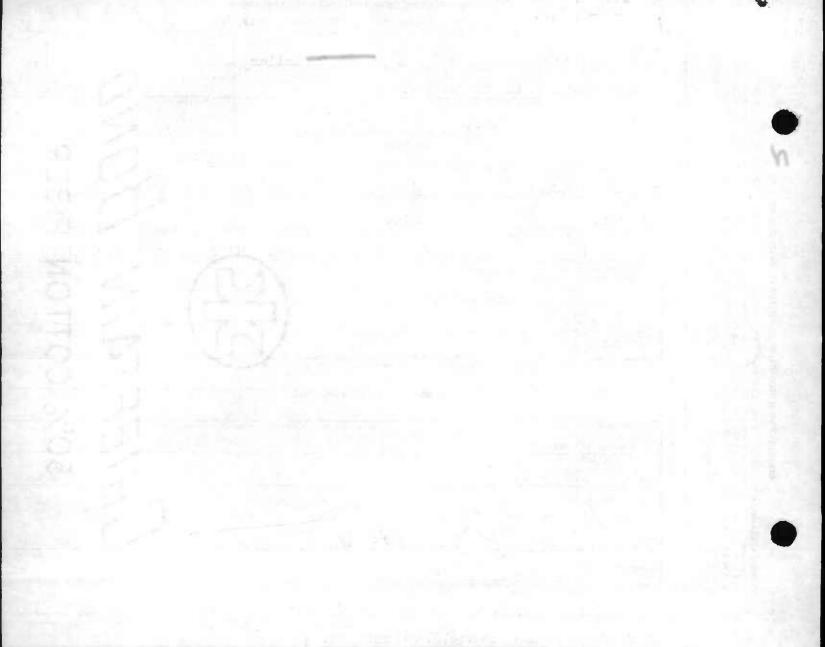
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		REGISTRAR		CERTIFIC	CATE OF DEA	and the same of the same	. RE	G.NO.		60	1 4	
1		CEASED NAME MARY	MEDIA LOUI	SE "	ZERRE	VNER 2	a. DATE OF DEA	H MONTH	5 DAY 9	AF : 65 1/3F	HOUR	25
١		MARYLO	UISE	FR	RENN	EK		6-	7-	8/	0	AM
1	a. SEX	KEMALE A RACECA	LUCASIAN	5, DATE O	7 DAY 8	3-41	AGE INTEREST	TI BRITHDAY	HOUSE OF	DAG -	FOURS !	(0.04)
	Ja. B∥	RTHPLACE (STATE OR FOREIGN 176 CITIZEN	OF WHAT COUNTRY?	. /	-8-4	41	BALTIMORE CI	TY OR COUR	NTY OF DE	ATH		_
2	MÍ	OUNTRY) M.D. U.	SA	MARRIED	D DIVOR	CED	BALL	more	CI	ΓY		MD.
1	R		OF HOSPITAL, NURSIN SUCH FACILITY, GIVESTREET		ROTHER INSTITUT		TO USUAL OCCU	DATION OST/OF WORKIN	LUFE) IND	KIND OF E	BUSINES	S OR
7	130 S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT	13c. CITY OR TOW		13d INSIDE CITY L	A	36 STREET ADDR	ESS / ZIP CO	DE LO	n L	1/2	1229
)	14 FA	FIRSTWILLIAM MIDDLER	HO HO	oos	15. MOTHER'S MA	TOUT	SE MIDI	DIE T	200	LAST]	BOCH	ESE
		VAS DECEASED EVER IN U.S. ARMED FORCE:		RITY NO.	17. INFORMANT	CLIZA	ВЕТН Н	905°,	4	317	3A14	eny.
		no	220-38	3-824	05157	ER.Z	-Lizebe	the H	800	3	122	S1 14
	11	18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	1 ADDINA	ULMD	MADY	ADD	38 (3		- E	APPROXIMA BETWEEN ON	TE INTERV	EATH
		IMMEDIATE CAUSE (0)			101/124	1 KKG	537					
		Conditions, if any, which	OR AS A CONSEQUE	NCE OF	of the	Cer	vix					
1		gove rise to immediate couse (a), stating the DUETO	, OR AS A CONSEQUE	NCE OF	0							
1		underlying couse last (c)	Wedger	end	Metzs	tases						
1	N	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT I	NOT RELATED TO	THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN I	PART Iro		
1	CERTIFICATION	196 DATE OF OPERATION 196. CO	NDITION FOR WHICH	OPERATION	WAS PERFORME	D	20s AUTOPSY?	_ IN CE	RTIFYING	E FINDING CAUSES OF	FDEATH	1?
4	CERT		E OF INJURY		21c. HOW INJURY	OCCURRE	YES NO		YES []		ио 🗌	
7		OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DA	Y YEAR								
٦	MEDICAL	21d INJURY OCCURRED 21e PLA	CE OF INJURY STREET, FACTORY, OFFICE, FA		211. LOCATION STREET	<u> </u>	CITY	ORTOWN	CO	UNIY	STA	ATE
4	2	AT WORK AT WORK										
1		22a.1 certify that (1) (this hospital) attended saw the deceased alive an			26 , 19	9.67	, to <u>70</u> ^	E 9	19	/	ot (1) (we	
		above, (I) (we) (did) (did not) view the bo		, 01	d that in (my) (aur)	opinion de	om occurred on i	ne dote ond		t. DATE SIG		ea
1		Dayalon D. HS	R	MD	ATTEN	NDING	MEDICAL DIRECTOR PH	STAFF	- 1	-9-	87	
		THE PHYSICIAN'S NAME (TYPE OF PRINT)			22e. ADDRESS	o CIAIN LI	DIRECTOR 11	O				
		DOUBLAS D.	<05.5		6/14 (AMA	FIRE,	COLU	MSIA	4 N	11)	
	23a B	BURIAL, CREMATION, REMOVAL 23b. DATE 25b. CATE 26c. PC 27c. CREMATION 27c. CREMATION, REMOVAL 27c. CREMATION 27c. CREMATION, REMOVAL 27c. CREMATION, REMOVAL 27c. CREMATION	-		ty Proc		Balt:	more	, MD	~2122	28 517	ATE
_ 1	24 FU	INERAL DIRECTOR 299 FREI	DERICK RO.	AD 2	21228		REC'D. BY REGIS	RAR 256 REC	ISTRAR'S		E	
1	CRE	EMATION SOCIETY O	F MD, CAI	ONSV	ILLE, MI	JUN	1 U 190/	Julia	Depression	M. Varia		

DHMH - 16 60M 7/84 (VRA 15, 4)



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REDOSTRAM MODE LOVE STORY MEDICAL EXAMINER'S CERTIFICATE OF DEATH REDOSTRAM		÷	1		m 1, Fil		EDADTMENI		MARYLAND		NE			2
DECEASED NAME THE CREEKE STATE OF THE STATE	0575	CI III C	LJ -	STATE 6-2	9-87 I.J					63	9	E NO	20,	5
SEX SARCE SOATE OF BRITH SOATE O	Udil		1. DE	CEASED NAME	FIRST		WIDDLE		LAST		20. DATE KNO	WN X MONTH	DAY YEAR	2h HOUR
Maryland U.S.A. WOOMED DMORED Baltimore City, Mo. OR OTHER INSTITUTION DISURD COUNTY OF WORK THE NOT BUSINESS OR INDUSTRY STATE DESCRIPTION OF DEATH THANK OF HOUSE BIOSTA COUNTY THE NOT BUSINESS OR INDUSTRY THE NOT BUSINESS OR IN		ASE JRS.:				Э		- 7	eler 7	Zeiler	DEATH MA	- /		
Maryland U.S.A. WOOMED DMORED Baltimore City, Mo. OR OTHER INSTITUTION DISURD COUNTY OF WORK THE NOT BUSINESS OR INDUSTRY STATE DESCRIPTION OF DEATH THANK OF HOUSE BIOSTA COUNTY THE NOT BUSINESS OR INDUSTRY THE NOT BUSINESS OR IN		RY, PLE DIRECTO DUR FIL 72 HOU ON STRE				MONTH DAY	YEAR LAST	BIRTHDAY) MON			PRONOUNCED			7 2:10 a M
Maryland U.S.A. WOOMED DMORED Baltimore City, Mo. OR OTHER INSTITUTION DISURD COUNTY OF WORK THE NOT BUSINESS OR INDUSTRY STATE DESCRIPTION OF DEATH THANK OF HOUSE BIOSTA COUNTY THE NOT BUSINESS OR INDUSTRY THE NOT BUSINESS OR IN		ASSA			TE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARI	RIED NEVER	R MARRIED	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
Baltimore St. Agnes Hospital Homemaker		23 X33 C											Tias KINID OF D	MD.
SULA RESIDENCE IS A WORKER FOR HISTORIC GIVEN STATE ADMINISTRATE IN HISTORIC GIVEN IN STATE IN HISTORIC GIVEN I	~/	SHARE S	7	_		(IF NOT IN SUCH FAC	CILITY, GIVE STREET AD	ORESS)	HER INSTITUTIO	FC	OR MOST OF WORKING		OR INDUST	RY
Maryland A.A. N. Linthicum	14	B5-88		AL RESIDENCE									1	
22a I certify that thou khorge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted form. Natural causes , Accident , Suicide , Namicide , Undetermined manner , IIILE SPECIFY , MEDICAL EXAMINER SIGNED 6/22/87 EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. ADDRESS 111 Penn St.	21201	AND			A.A	•						Avenue	21090	
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ACTUAL SIGNATURE Dennis F. Smyth, M.D. ADDRESS 111 Penn St.		AND, AND, AND,					1 / [7]	IC.			, ,		pinion	
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A W M A C T		MED SELLEN		EXAMINER'S N	NAME D	ennis F. S	Smyth, M	D.	_ADDRESS	111	Penn St	•		
(SPECIFY) COUNTY STATE		SASTA A	23a.B	URIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NAME C	OF CEMETERY	OR CREMATORY	Y 23d.	LOCATION ITY OR TOWN	COL		
07/84 BP Burial 6/25/87 Loudon park Cemetery Baltimore. Maryland		BP		Bur	rial	6/25/87	Loude						www.	
DHMH - 17 ADDRESS ALONG THE STATE OF THE STA		DHMH - 17 (VR A15 ME (5))				Home, Inc.	4107 Wi	lkens	Ave.	20 Mc S	4.1901.	SE RECISIRARS	SISIATURE	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6866 ju	1	STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7	0.	7 2	0 4		
1		CEASED NAME	FIRST		MIDDLE	į.	AST	2a DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR		
oy be		G	ladys		nna		MERMAN	Ī	une 12	. 87	930 pm		
É É	3. SE		4. RACE		-	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	HOURS MIN.		
Page 4		Female		White		Mar. 27 18		69	YRS.				
	7a. B	IRTHPLACE (STATE OR FO	REIGN 7	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMORE CITY O	R COUNTY O	FDEATH			
eoth.		BALTIM	h.	5 A	WIDOWE		Baltimore City Mg						
offer d) c	TY OR TOWN OF DEA Baltimore	TH 1	(IF NOT IN SUC	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Agnes Hospital			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SUPERVISOR 12b. KIND OF BUSINESS OR INDUSTRY Zamoiski Co.					
hours of lin by the	-USU	AL RESIDENCE (IF NURSI	IG HOME OR O					Supervisor		Zaliots	SKI CO.		
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withir within d 2 sh	14.F	ATHER'S NAME	AAI	DDLE	TAST		15 MOTHER'S MAIDEN N						
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ond co	160	WAS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS				
ond c		YES NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES	215-01-3	017	Dianne C. Sl	naw. 8372 Wi	lliams	towne 1	Drive		
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equires n signe Then p n to bur injury, i	N N	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	J IN PART 1:a			
11117	MEDICAL CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
N 1 2 1 1 1		193						YES NO TO	YES		NO []		
A Paris		21a. ACCIDENT WAS UND	RLYING	21b. TIME C			21c HOW INJURY OCCUI						
34 449		OR CONTRIBUTING C			M. MONTH DA								
No o o o		(IF EITHER NOTIFY MEDIC			M. OF INJURY	19	211 LOCATION						
F = 12 8	A.	WHILE NOT WHI	ЕП		REET FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE		
A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						M	31 8	2	. 7	× 1			
N H M S H		22a I certify that (1)				27	19_0	to June			hat (we) last		
E 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	saw the decease abave, (1) Iwe) (d	d) (did nat)	view the bady	after death.		d that in (my) aur) apiniar	death accurred on the d	ate and have a	_			
Popular Popular		DEGREE 22c. DATE SIG											
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAND 6/12									210 +		
HOSPITAL med by the FUNERAL MARS State ORTANT.	1	224 PHYSICIAN'S NA	ME (TYPE OR F				22e ADDRESS						
	1	SAMI	FR	5 h	WI M	CI.	STE	410000	Hon	mlal			
08 582 34	23e	BURIAL, CREMATION, I	REMOVAL	23b DATE			EMETERY OR CREMATORY	(1)3d LOCATION	1	-0 00			
BP		(SPECIFY) Buria		6/16/				CITY OR TOWN		COUNTY	STATE		
or	24 F	UNERAL DIRECTOR	L	0/10/	0/ [10	TIGIL	e Park Cem. 21229 250 DA	Woodlawn TE REC'D BY REGISTRAR	Ba.	ltimore	MC.		
DHMH - 16 60M 7/84		NAME	2 45		ADDRESS			TE REC'D BY REGISTRAR 10N 15 1987	Sampa 10	Who mensy Lo	MA C		
(VRA 15, 4)	HU	bbard Fune	cal Ho	me, In	c., 4107	Wilke	ns Ave.	TO IT					



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oletely filled in by the funeral director page 3 d 2 should be filed within 72 hours after death

1	STATE OF MARYLAND
Ł.	DEPARTMENT OF HEALTH AND MENTAL H

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF REATH	6-3	

1 -	FOR STATE REGISTRAR			DEP		EALTH AND MENT ICATE OF DEAT		NE REG. NO		7	2	0	5		
I. DE	CE ASED NAME	FIRST		MIDDLE	ŧ.	AST			MONTH	DAY	YEAR	26 HOU	JR .		
	GEORE &		Č	ブ		VEC, J			6		87	1/2	SPM		
3. SE	X	4.1	RACE		5 DATE C		EAR .	AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDER	AIN.		
	M		W		10	14	14	12	YRS.						
	RTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARR	IED X	9 BALTIMORE CITY OR COUNTY OF DEATH							
	Maryland		US	A	WIDOWE		1.0	13 4 1 7 . (' 1 7 .)							
10 CI	TY OR TOWN OF DEATH	н 11				R OTHER INSTITUTI		20 USUAL OCCUPATI				F BUSINE			
131	ALTIMORE		7. 4	FACILITY, GIVE	5 HOS	PITAL		Disabled	F WORKING	LIFE) IND	USTRY				
13a S	AL RESIDENCE (# NURSING STATE 13 aryland 13	3h COUNTY		134. CITY OR Baltii	TOWN	13d. INSIDE CITY LIA	MITS?	30 STREET ADDRESS / 1913 Ramse	reet,	et, 21223					
14. FA	THER'S NAME	MIDI				15. MOTHER'S MAI				•					
	George	J		Zive	c, Sr.	Anton	ie	MIDDLE		Ţ	cha	ker			
	VAS DECEASED EVER IN				SECURITY NO.	17 INFORMANT		ADDRE		1 CHARCE					
()	NO (NES, NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	212-0	9-6426	Mary Kro	emer,	r, 1913 Ramsey Street							
	18 CAUSE OF DEATH	Enter only o	ne couse per	line for (a), (t	or, and Ich		,			ВІ	APPROXI	NATE INTER	RVAL DEATH		
20	PART I. DEATH WAS	MEDIATE C		1	a di	~ ~40	nalis	my A west							
1	DUE TO, OR AS A CONSEQUENCE OF.														
-	Conditions, if ony, which (b) Me Condo his Zuna										Feb 87				
	gove rise to immediate														
	underlying couse lost														
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110														
Z								The Brown of the Corre							
CERTIFICATION	19a DATE OF OPERATIO	NC	19b. CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED)	200 AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	GS USEI	D		
SE SE								YEST NOT		ING CAUSES OF DEATH?					
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (YES NO YES NO RETURN NO RE									
								C (EMIER NATURE OF INTO	(EMIER MATURE OF MATURE HATTER TO CART I OR PART 2)						
S.		(IF EITHER NOTIFY MEDICAL EXAMINER)			19						COUNTY STATE				
WE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 21d. PLACE OF INJUR (AT HOME STREET FACTOR WHILE NOT WHILE				FFICE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	COL						
	AT WORK AT WORK		<u> </u>				-								
	22a.1 certify that (I (This haspital) attended the deceased from June 19 17, to June 12, 19 0 1. that (b (we) lost														
	sow the deceased alive an														
- 1	221 SIGNATURE DEGREE 222 DATE SIGNED														
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIANDS 6/12/87											7			
22d PHYS CIAN'S NAME (TYPE OR PRINT) 22e ADDRESS										_					
	SAN	1FR	<u> </u>	all	TAI	50	Aa	mes	H	100	12/	2			
	BURIAL, CREMATION, RE	MOVAL	236 DATE		23c. NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNT	٧		TATE		
Burial 6/16/87 Loudon Park Cemetery Baltimore Maryland															
24. FL	UNERAL DIRECTOR			ADDI	DECC	21229	250 DATE	REC'D. BY REGISTRAR	25b/ REGI	STRARSIS	GRATI	RE			
Hubbard Funeral Home, Inc., 4107 Wilkens Ave. JUN 13 1987															

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic event, the medici

